



CHAMBER MEMBER INVESTMENT CONTRACT & ORDER FORM

Please complete the following information:

Company name:

Contact name:

Title/Position:

Additional name:

Title/Position:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Toll-Free:

Email:

Web site URL:

Date Business
Established:

Business
Description
(25 word max):

Reason for Joining
Chamber:

Member to Member
Discount Offer
(if any):

Available Investment Options - Base Amount
Please choose from the following options:

X	Every Member Pays:	\$250
	Multiple Locations (after the 1st location)	\$145 each ENTER # LOCATIONS: _____
	Individual or Retired:	\$125
	New Car Dealers, Hospitals and Health Care Centers:	\$393
	Not for Profit / Associations:	\$195
	Real Estate Associate Agent or Licensed Professional:	\$125
	Retailers over 10,000 Square Feet: Discounts available for multiple businesses with same owner, call for info.	\$340

BASE TOTAL:

Employee Differential (add to base amount)

1 - 4 employees:	No additional charge
5 -24 employees (1st 4 free of charge)	\$5 per FTE ENTER # FTEs: _____
25 plus FT employees	\$4 per FTE ENTER # FTEs: _____
Members with 500 plus FTE:	Negotiable, please contact us.

EMPLOYEE DIFFERENTIAL TOTAL:

Or Business Classification (add to base amount)

Apartments, Condos & Townhomes:	\$2 per UNIT ENTER # UNITS: _____
Campgrounds / RV Parks:	\$1 per SPACE ENTER # SPACES: _____
Hotels, Motels, B&B's & Resorts:	\$3.50 per ROOM ENTER # ROOMS: _____
Mobile Home Parks:	\$2 per SPACE ENTER # SPACES: _____
Newspapers & Periodicals: (per 1,000 circulation)	\$8 per 1,000 ENTER # 1,000'S: _____
Restaurants:	\$0.50 per SEAT ENTER # SEATS: _____
Banks & Financial Institutions:	Negotiated rate, please contact us.

BUSINESS CLASSIFICATION TOTAL:

Investment Summary

Base Amount:

Employee Differential:

Business Classification:

SUB TOTAL:

1st Business-category listing:

FREE

Additional-category listings \$15 each:

One-time initiation-fee:

\$25

MEMBERSHIP INVESTMENT TOTAL:

Please complete the following information or send a check payable to the Flagstaff Chamber of Commerce

Card Type:

Charge Card #:

Expiration Date:

I hereby authorize the recipient of this form to use my credit card to debit my account for the amount stated above and understand that this fee is non-refundable.

Authorized Signature: _____

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