

Membership Application

Company Name			
Physical Address	City	State	Zip
Mailing Address (if different)			
Phone #	Fax #		
E-Mail Address	Web Site Address		
Type of Business	# Full Time Employees	# Part Time Employees	
Name & Title of Primary Contact Pe	erson(s)		
Additional (List any	Representatives to receive Chamber cor additional names on a separate sheet o	rrespondence: f paper)	
Name, Title, Address, E-Mail, Cell #	¥		
Name, Title, Address, E-Mail, Cell #	‡		

Membership Category

16 or more employees:

\$475.00 annual

\$237.50 semi-annual \$118.75 quarterly

15 or less employees:

\$300.00 annual

\$150.00 semi-annual \$75.00 quarterly

Individuals:

\$162.00 annual \$ 40.50 quarterly

Please remit to:

Haleyville Area Chamber of Commerce, P O Box 634, Haleyville, AL 35565 or Email to haleyvillechamberofcommerce@gmail.com