



i n v e s t m e n t

In being a member of the Central Baldwin Chamber of Commerce, members are responsible for his or her company's investment fees. These fees are to be paid annually to the Chamber. Below is an appendix of fees for members.

Schedule I – Retailers, Manufacturers, Service, Distributors, Wholesalers, Restaurants, Cafes and Taverns

Number of full-time employees:

(Two part time employees equals one full time employee)

1-5 \$195.00	46-60 \$395.00
6-15 \$245.00	61-75 \$445.00
16-30 \$295.00	76-100 \$495.00
31-45 \$345.00	100-over \$495.00

(plus \$2.50 per employee over 100)

Schedule II – Financial Institutions

\$350.00 base minimum plus \$10 per million in deposit with a cap of \$1000.00 for a listing of all branches in Baldwin County in the membership directory (publications and website). See also "Multiple Locations."

Schedule III – Hotel, Motel, Bed & Breakfast, Housing, Apartment and Mobile Home Parks

Number of rooms/units:

1-10 \$150.00
11-50 \$250.00
51-100 \$300.00
101-150 \$375.00

Over 150 \$375.00 plus \$2.00 per room/unit

Schedule IV – Professionals, CPA, Attorney, Doctors, Dentists, Engineers, Architects, Appraisers, Insurance Agents, Developers and Real Estate

Same as Schedule I; add \$100.00 for each additional professional listed in the membership directory (publications & website)

Schedule V – Hospitals, Nursing Homes and Retirement Facilities

\$175.00 plus \$1.50 per bed

Schedule VI – Utilities

\$1000.00

Schedule VII – Non-profit Organizations, Civic, Government Officials and Churches

\$105.00

Schedule VIII – Individual (No Business Affiliation)

\$60.00

Schedule IX – Educational Institutions

K-12: \$100.00

All others: \$325.00

Investments are calculated on a fair share basis which takes into account the type of business and number of employees.

Investment dues may be deducted from federal income tax as a necessary business expense.

Representatives: A base rate investment entitles member to appoint one individual as a voting representative on the Chamber. Each additional \$150.00 above the minimum investment entitles member to one additional representative (maximum of 5).

Multiple Locations: Firms with multiple locations of operation which operate under the same name will pay per Schedule I for the first business and pay \$25 for additional locations (financial institutions included).



a p p l i c a t i o n

Thank you for filling out the Application for Membership. Annual renewal investments will be billed automatically on anniversary date of membership.

How did you hear about the Central Baldwin Chamber of Commerce? _____

Date: _____

NOTE: *This information is Published.

* Business Name: _____
PRINT your business name EXACTLY as you wish it to be published.)

* Primary Contact: _____ Title: _____

Contact Cell: _____ Contact E-Mail: _____

* Business Address: _____

* Business Phone: _____ * Business Fax: _____

* Business Website: _____

* Business CATEGORY Listing: _____
(Reference the Chamber's Category List for a listing at centralbaldwin.com/directory/index.html)

* Business Description: Attached Forthcoming via E-Mail to gquezada@centralbaldwin.com

Mailing Address: _____
(For PRINTED MATERIALS to be mailed, if different than Business Address)

Billing Contact: _____ Title: _____

Billing Phone: _____ Billing E-Mail: _____

Billing Address: _____
(For BILLING INVOICES to be mailed, if different than Business and Mailing Address)

- | | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Schedule I | <input type="checkbox"/> Schedule IV | <input type="checkbox"/> Schedule VII | <small>Use Investment schedule on Page 8 to calculate Membership Fees</small> |
| <input type="checkbox"/> Schedule II | <input type="checkbox"/> Schedule V | <input type="checkbox"/> Schedule VIII | |
| <input type="checkbox"/> Schedule III | <input type="checkbox"/> Schedule VI | <input type="checkbox"/> Schedule IX | |

Annual Investment Amount \$ _____

Credit Card: Visa M.C. A.E. DISCOVER Check # _____ Cash \$ _____

Cardholder Name: _____ Exp. Date: _____ CVV#: _____

Card #: _____ CC Billing Address: _____

Signature: _____ Date: _____

If you are interested in participating in our "Member-to-Member" discount program, please describe what you would be willing to offer (for example: 10% off your services or a certain product) _____

Return Application to:

Central Baldwin Chamber of Commerce • P.O. Box 587 • 23150 Highway 59, Robertsedale, Alabama 36567

fax: (251) 947-4809



a p p l i c a t i o n

Business Description:

List of Emails for Marketing Communications:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____