



# 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*

\$195.00 plus \$1.50 per bed

\$195.00 plus \$4.00 per bed for acute care

## *Schedule VI — Utilities*

\$1,000.00

## *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: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Business Phone: \_\_\_\_\_ \*Business Fax: \_\_\_\_\_

\* Business Website: \_\_\_\_\_

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

\* Business Description:  Attached  Forthcoming via e-mail to [dbutler@centralbaldwin.com](mailto:dbutler@centralbaldwin.com)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
(For PRINTED MATERIALS to be mailed, if different than Business Address)

Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing E-Mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
(For BILLING INVOICES to be mailed, if different than Business and Mailing Address)

Schedule I     Schedule IV     Schedule VII    Number of Employees \_\_\_\_\_  
 Schedule II     Schedule V     Schedule VIII    Use Investment schedule on Page  
 Schedule III     Schedule VI     Schedule IX    8 to calculate Membership Fees

Annual Investment Amount \$ \_\_\_\_\_

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

Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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 • P.O. Box 587, Robertsdale, AL 36567 • fax: (251) 947-4809** or you may email to [dbutler@centralbaldwin.com](mailto:dbutler@centralbaldwin.com) or [bbutler@centralbaldwin.com](mailto:bbutler@centralbaldwin.com)



a p p l i c a t i o n

Business Description for our website:

List of emails for Marketing & Event Information:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_