



Mount Olive Area Chamber of Commerce Application for Membership

123 N. Center Street, Mount Olive, NC 28365
 Phone: (919) 658-3113 | Fax: (866) 228-3235
 president@mountolivechamber.com

YOUR BUSINESS

Name of Business: _____ Date: _____
 Street Address: _____ Mailing Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Company Website URL: _____ Type of Business: _____

YOUR CONTACT INFORMATION

Primary Contact: _____ Title: _____
 Email Address: _____ Phone: _____

Other employees to be placed on the Chamber email list:

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR CHAMBER INVESTMENT

Chamber Dues Structure: *Please circle the appropriate level*

Business Type	Number of Employees	Annual Investment	Quarterly Investment
Individual		\$70	\$17.50
Civic & Nonprofit		\$100	\$25.00
	Business		
	1	\$165	\$41.25
	2-5	\$200	\$50.00
	6-9	\$259	\$64.75
	10-13	\$320	\$80.00
	14-35	\$441	\$110.25
	36-52	\$502	\$125.50
	53-100	\$563	\$140.75
	101-150	\$624	\$156.00
	151-205	\$714	\$178.50
	206-255	\$776	\$194.00
	256-350	\$837	\$209.25
	350 & over	\$897	\$224.25

My Annual Investment: _____

I am paying in full now: _____

I wish to be billed quarterly, and my first installment is enclosed (*An additional \$4.00 per quarter will be added for billing costs*): _____

One-time administration fee of \$20: _____

Total: _____

Authorized Signature _____

MAKE CHECKS PAYABLE TO:

Mount Olive Area Chamber of Commerce
 123 N. Center Street
 Mount Olive, NC 28365

Your investment in the Mount Olive Area Chamber of Commerce is tax deductible as a business expense!