

Ambassador Recruit Name (if applicable): _____

Harrison Regional Chamber of Commerce

2018 Membership Application

Firm Name _____ Established: ____ / ____ / ____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____ E-Mail _____

Contact _____ Website _____

Business Category: (How your business will be listed on Chamber website)

1) _____ (2) _____

Please write two or three sentences about your business to be used in the newsletter:

Check One	Classification Base Rate \$195.00	Base Fee	Total Emp	1 to 10 Emp Each	11 to 20 Emp Each	21 to 50 Emp Each	50+ Emp Each	
	Amusement/Entertainment	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Attractions	\$ 195.00		\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	
	Automotive	\$ 195.00		\$ 8.00	\$ 7.00	\$ 6.00	\$ 4.00	
	Construction	\$ 195.00		\$ 8.00	\$ 5.00	\$ 3.00	\$ 2.00	
	Diversified	\$ 195.00		\$ 6.00	\$ 6.00	\$ 4.00	\$ 3.00	
	Financial	\$30.00 Per Million Dollar of Assets (\$2500.00 Max)						
	Governmental	\$ 195.00		~	~	~	~	
	Individual	\$ 150.00		~	~	~	~	
	Insurance	\$ 195.00		\$ 8.00	\$ 7.00	\$ 6.00	\$ 4.00	
	Lodging	\$195.00		+ \$2.00 Per Unit				
	Manufacturers	\$ 195.00		\$ 5.00	\$ 4.00	\$ 3.00	\$ 1.00	
	Non-Profit Organization	\$ 150.00		~	~	~	~	
	Professional*	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Publishers/Printers	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Radio/TV	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Real Estate*	\$ 195.00		\$ 8.00	\$ 7.00	\$ 6.00	\$ 4.00	
	Residential Care	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Restaurants	\$ 195.00		\$ 6.00	\$ 4.00	\$ 2.00	\$ 1.00	
	Retailers	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	
	Retired (age 55+)	\$ 30.00		~	~	~	~	
	Retired Couple (age 55+)	\$ 50.00		~	~	~	~	
	Services	\$ 195.00		\$ 6.00	\$ 4.00	\$ 2.00	\$ 2.00	
	Transportation	\$ 195.00		\$ 7.00	\$ 3.00	\$ 2.00	\$ 1.00	
	Utilities	\$ 0.10 Per Boone County Subscriber (\$1000.00 Max)						
	Wholesale/Distributor	\$ 195.00		\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	

*Option of \$195.00 minimum with \$50 per licensed professional or \$195.00 Minimum plus employee charge

Signature _____ Date _____

We reserve the right to accept or deny any applicant.

rev. 1/2/2018 sw