

SouthWest Mobile County Chamber of Commerce

Partnership Application

Date Submitted: _____

Date Approved: _____

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Contact: _____ Title: _____

Business Phone: _____ Cell: _____

Email: _____ Website: _____

of Employees _____ Days and Hours of Operation: _____ Years in Business: _____

Check all that apply:

- Non-Profit Woman-owned Business Veteran-owned Business

Business Owner: _____ Business Owner Phone: _____

Business Owner Email: _____

For BILLING INVOICES to be mailed, if different than Business address)

Billing Address: _____

Billing Contact: _____ Billing Phone: _____

Investment Schedule (Renewals based on Calendar Year)

Investment Amount for Partnership

Business Investment \$185 _____ Utilities \$500 _____

Schools/Churches \$100.00 _____ Charitable Non-Profits \$150.00 _____

Sponsorship Levels (Refer to Sponsorship Levels for selection)

Diamond Sponsor (\$5,000) _____ Platinum Sponsor (\$2,500) _____ Gold Sponsor (\$1,200) _____

Silver Sponsor (\$500) _____ Friends of the Chamber (\$250) _____

Annual Investment: _____ Sponsorship level: _____ Total Amount: _____

Ck# _____ Card Type _____ Card # _____

Card Zip Code: _____ Expiration Date: ____/____/____ CVV: _____

Card Holder's Name

Authorized Signature

Title

Chamber Office Contact: info@swmchamber.com or 251-666-2846

Mail Payments to:

SouthWest Mobile County Chamber of Commerce

5055 Carol Plantation Road | Mobile, AL 36619

GET CONNECTED

Add Emails to Newsletter Sign Up

Email: _____

Email: _____

Are you interested in a Committee

- Community Events Committee
 Business Events Committee
 Awards Committee
 Publicity Committee

Are you interested in joining as a Diplomat?

- Yes
 No

What is most important to your business?

- Networking
 Promotion
 Professional Development
 Advocacy
 Other: _____

How did you hear about our chamber?

- Contacted by Staff or Volunteer
 Previously a partner
 Partner in another city
 Online search
 Social Media
 Other: _____

Referred by: _____

Multiple Locations

Multiple Locations require separate partnerships.

Company Logo

Please email your company logo to info@swmchamber.com in .jpg or .png format

Note: This information will be Published

ALL PARTNERSHIP IS SUBJECT TO BOARD APPROVAL. YOU WILL BE CONTACTED AFTER APPROVAL.