



SouthWest
MOBILE COUNTY
CHAMBER of COMMERCE

Membership Application

Date Submitted: _____

Date Approved: _____

Note: This Information will be Published

*Business Name: _____
 *Primary Contact: _____ Title: _____
 Contact Cell: _____ *Contact Email: _____
 *Business Address: _____
 *Business Phone: _____ Business Fax: _____
 *Business Website: _____
 *Business Category Listing: _____
 *Business Description: _____
 Number of Employees _____ Is this a Veteran Owned Company Yes _____ No _____
 Number of Years in Business _____ Non-Profit: Yes _____ No _____
 Referred By: _____

Business Owner: _____ Business Owner Phone: _____ Business
 Owner Email: _____

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

Billing Address: _____
 Billing Contact: _____ Billing Phone: _____

Investment Schedule (Renewals based on Calendar Year)

Investment Amount for Membership

Business Investment \$175.00 _____ Individual Investment \$50.00 _____

Utilities \$500.00 _____ Schools/Churches \$100.00 _____ Non-Profits \$150.00 _____

Sponsorship Levels (Refer to Sponsorship Levels for selection)

Gold Sponsor (\$1,500.00) _____ Silver Sponsor (\$1,000.00) _____ Bronze Sponsor (\$500.00)

Total Enclosed: _____ Check # _____ If Paying with Credit Card Type _____

Card # _____ Expiration Date: _____

Annual Investment Amount _____ Membership Sponsorship: _____

 Name (Please Print)

 Authorized Signature

Mail Payments to: SouthWest Mobile County Chamber of Commerce 5055 Carol Plantation Road, Mobile, AL 36619