

Chamber of Commerce

Membership Renewal Form

Please review and update your organization's information below. Print, complete, and return this form to the Chamber of Commerce office along with your renewal payment.

1. Organization & Contact Information

Business/Organization Name:

Primary Contact Name:

Contact Title:

Mailing Address:

City, State, Zip:

Phone Number:

Email Address:

Website URL:

2. Membership Investment Level

Please enter your desired membership tier and the corresponding annual dues amount (refer to your renewal invoice or the Chamber website for tier details).

Membership Tier / Level:

Annual Dues Amount (\$):

Optional Foundation Contribution (\$):

Total Renewal Amount (\$):

3. Payment Information

Please select your payment method by placing an 'X' in the appropriate box and filling in the details:

[] Check Enclosed (Payable to Chamber of Commerce)

Check Number:

[] Credit Card (Visa, MasterCard, AMEX, Discover)

Cardholder Name:

Card Number:

Expiration Date (MM/YY): Security Code (CVV):

Billing Zip Code:

4. Authorization and Signature

By signing below, you authorize the Chamber of Commerce to renew your membership for the upcoming year.

Authorized Signature:

Date: