



2023 Investment Worksheet

1. Find the category that **best fits** your Business or Organization (One official, primary category is included per paid membership)
2. Complete the rate formula with the appropriate information for your business or organization.
3. Return this completed worksheet, along with your application and payment to the Chamber for final new member processing.

Business Name: _____

Contact Name: _____

General Business: Construction, Manufacturing, Retail, Food & Dining- Restaurants/ Wineries/Breweries,

Wholesale, Agriculture & Agritourism, Attractions, Entertainment, Misc. \$375.00 Base rate + \$2.50 per employee

**Two part-time/seasonal employees equal one full-time employee. Base rate includes one owner.*

Employees * _____ x \$2.50 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Accommodations & Lodging: Hotels, Motels, Bed & Breakfasts, Vacation Rentals, Camping

1 – 10 Rooms = \$375.00 Base rate 11+ Rooms = Add \$3.75 per room

Guest Rooms _____ x \$3.75 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Financial Institutions

\$375.00 Base rate + \$13.90 Per million of local deposits

Millions on deposit _____ x \$13.90 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Professional Services: Accountants, Architects, Attorneys, Consultants, Medical/Dental Offices, Real Estate

\$375.00 Base rate + \$35.00 Per licensed professional

Licensed professionals _____ x \$35.00 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Healthcare: in patient services (long-term care, rehabilitation, hospitals, nursing homes)

\$375.00 Base rate + \$3.35 Per Bed

Beds _____ x \$3.35 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Educational Institutions, Government Organizations

\$375.00 Base rate + \$1.75 per employee

Employees _____ x \$1.75 = _____ + \$375.00 Base rate = \$ _____ Membership Total

For Public Utilities: \$375.00 Base rate + \$.0330 Per number of active meters

Active meters _____ x \$.0330 = _____ + \$375.00 Base rate = \$ _____ Membership Total

Non-Profit Institutions, Charitable Organizations

Base Rate= \$375.00

= \$ _____ Membership Total

Category: _____ **Total Membership Rate:** _____ **Signature:** _____ **Date:** _____

**Please note: membership rate discounts available for businesses and parent companies with multiple businesses joining. Rates are subject to change without notice.*

- New members are officially added once membership payment is received with application, pending Chamber approval and processing. The initial payment for Chamber Membership Dues covers the business' member rate for one 12 month term, and is then billed at the end of that term for the next 12 month cycle.
 - If you have more than one business, or if your primary business/organization/location includes a secondary on-site business that you would like to also have included and represented by the Chamber of Commerce, a "Multiple Business" discount is available off of the base rate of any second, or third business. Please contact the Chamber for more information. Examples include: a winery that has primary membership but is interested in having an on-site restaurant or lodging facility included as a member as well, or a business that has an associated sister property or location.
- form updated 01.04.2023**

Membership Application

Business/Member Name: _____

Main Company Contact Name: _____ Title: _____

Business (Physical) Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone: _____ Toll-Free: _____ Fax: _____

Business Email: _____

Business Website: www. _____

Facebook: facebook.com/ _____

Linkedin: linkedin.com/ _____

Billing Contact Name: _____ Title: _____

Billing Contact Email: _____

Billing Address (if different): _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Primary reason for joining the Chamber: _____

Please choose the category that best applies to your business / organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Government, Education & Individuals | <input type="checkbox"/> Pets & Veterinary |
| <input type="checkbox"/> Agriculture, Fishing & Forestry | <input type="checkbox"/> Health Care | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Real Estate, Moving & Storage |
| <input type="checkbox"/> Automotive & Marine | <input type="checkbox"/> Industrial Supplies & Services | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Restaurants, Food & Beverages |
| <input type="checkbox"/> Computers & Telecommunications | <input type="checkbox"/> Lodging & Travel | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Construction Equipment & Contractors | <input type="checkbox"/> Manufacturing, Production & Wholesale | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Family, Community & Civic Organizations | <input type="checkbox"/> Office Equipment & Supplies | <input type="checkbox"/> Tourism Resources and Information |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Personal Services & care | <input type="checkbox"/> Transportation |
| | | <input type="checkbox"/> Wineries / Wine Industry |

Brief description of business /organization:

Signature: _____ **Date:** _____

This form must be signed and accompanied by full payment in order to process application. Please see Membership Investment Worksheet