



Membership Application

Annual Investment Schedule

I. Business Membership

(Investment based on number of full-time equivalent employees)

1-5	\$250.00
6-10	\$275.00
11-15	\$300.00
16-20	\$325.00
21-25	\$350.00
26-30	\$375.00
31-35	\$400.00
36-40	\$425.00
41-45	\$450.00
46-50	\$475.00
51-55	\$495.00
56-60	\$515.00
61-65	\$535.00
66-70	\$550.00
71-75	\$570.00
76-80	\$590.00
81-85	\$610.00
86-90	\$630.00
91-95	\$650.00
96-100	\$670.00

Over 100 \$670.00 + \$3/employee
2 Part-time = 1 Full-time Employee

II. Financial Institutions

\$400 + \$27.50/million

III. Real Estate Companies

1-5 agents \$250
6-10 agents \$500
10-20 agents \$1,000

IV. Hotel/Motel

\$250 + \$5/room

V. Home-Based Business

\$175

VI. Nonprofit or Individual

\$125

Rogers-Lowell Area
Chamber of Commerce
317 W. Walnut Street
Rogers, AR 72756
Phone 479.636.1240 • Fax
479.636.5485
www.RogersLowell.com
info@rogerslowell.com

Company _____

Prefix _____ Name _____ Title _____

Mailing Address _____

Physical Address _____ County _____

City _____ State _____ Zip _____

Email _____ Phone _____

Website _____ Fax _____

By including fax and email address, applicant consents to receiving these communications from the Rogers-Lowell Area Chamber of Commerce only.

Number of Employees: Full-time _____ Part-time _____

Business Category (for directory listings) _____

Description of Your Business (20 words or less) _____

Do you want your physical address listed in web and print directories? Yes No

Preferred Communication: Email Mail

Optional: Minority-owned? Yes No

Representative Name _____ Title _____

Phone _____ Email _____

Representative Name _____ Title _____

Phone _____ Email _____

For Additional Information, Visit www.RogersLowell.com

Membership Investment Amount \$ _____

Payment Method:

* Make checks payable to: Rogers-Lowell Area Chamber of Commerce

Visa MC AMEX Discover Cash *Check # _____

Card #

Exp. Date _____ Card Security Code _____

3-digit number on back of card or above card number

Cardholder Name _____

Billing Address of Credit Card _____ Zip _____

Signature _____

Special Instructions _____

By signing this below, I certify that my business holds all required licenses.

Name & Title _____

Signature _____ Date _____