



# Membership Application

Please contact Arianna Summers  
Sales@ajchamber.com



567 W. Apache Trail, Apache Junction, AZ • (480) 982-3141 • www.ajchamber.com

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

PUBLIC Address (published): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

BILLING Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Business Primary Category: \_\_\_\_\_

<p><b>Investment Schedule</b></p> <p><b>Full Time Employees (FTE)</b></p> <p>1-5 \$240</p> <p>6-10 \$275</p> <p>11-20 \$325</p> <p>21-40 \$375</p> <p>41-75 \$425</p> <p>76+* \$525</p> <p>*Plus \$2 additional employee</p> <p>* Part time employees = 1/2</p> <p><b>Hotels, Motels, Apartments, Mobile Home Parks</b></p> <p>1-100 \$375</p> <p>101-200 \$425</p> <p>201-400 \$500</p> <p>401-800 \$600</p> <p>801-1500 \$700</p> <p>1501-2500 \$800</p> <p>2501+ \$950</p>	<p><b>Specialized Categories</b></p> <p>Attorney/CPA/Doctor/Dentist Office \$350</p> <p>Attraction Partner \$500</p> <p>Charitable, Churches \$195</p> <p>Developers \$500</p> <p>Hospitals \$600</p> <p>Individual (non-business) \$150</p> <p>Schools/Colleges \$400</p> <p>Utility Companies \$800</p> <p><b>Financial Institutions</b></p> <p>One branch office \$550</p> <p>Each additional location \$155</p> <p>Additional Categorical Listing \$50</p> <p>Dutchman's Club \$50</p>
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\*Full Time Employees: \_\_\_\_\_

Annual Investment \$ \_\_\_\_\_

\*One-Time Admin Fee \$ 45.00

Additional Listing Fee= \$50 ea. \$ \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

Dutchman's Club (\*optional): \$ 50.00

Total Amount Due \$ \_\_\_\_\_

Payment Received \$ \_\_\_\_\_

**PLEASE NOTE:** If you are not licensed with the city of A.J., please contact the City Clerk at (480) 982-8002 or visit their website at [www.ajcity.net](http://www.ajcity.net) to apply for a business license.

\*Dutchman's Club Members are listed additionally and are further supporting your chamber in its efforts to support our community and businesses. Thank you!

COMPANY NAME: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ Visa / MasterCard / Discover / AMEX

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ONCE TRANSACTION IS COMPLETE CREDIT CARD INFORMATION WILL BE DESTROYED

\*Exclusive Members ONLY Opportunities and Discounts apply to all active Chamber Members