

Membership Application

Mission Statement: The Wytheville-Wythe-Bland Chamber of Commerce is committed to promoting a favorable business climate for our members and communities in addition to partnering with other like organizations to make Wythe and Bland Counties a welcoming place to live, work and play.

lease print. Date:							
Business Name:							
Physical Address:							
Mailing Address:							
Phone:	_ Cell:	_Fax:					
Website:	Number of Employee	s: Year Sta	Year Started:				
Primary Contact:(Additional representation	Email:	mails.)					
Contact #2:	Contact #3:						
Title:	Title:						
Email:							
	NVESTMENT SCHEDUI	L E					
110% Supporter: Receive special r	ecognition in our newsletters, social media,	membership directory, a	and website.				
GENERAL BUSINESS and MANUFACT	URING (2 PART-TIME EMPLOYEES = 1 FULL	TIME)					
1 0		employees\$592.00	(110%) \$651.00				
		employees\$669.00	(110%) \$736.00				
		1 0					
		$\Box 401 - 500 \text{ employees} \dots \$738.00 (110\%)$					
□ 51 - 100 employees\$477.00 (1	10%) \$525.00 501 - 600	employees\$771.00	(110%) \$848.00				
LODGING Total Number of Rooms:							
Properties with more than 33 rooms.		\$5.80/room (1	10%) \$ 6.38/room				
Properties with less than 33 rooms		\$161.00 (1	10%) \$177.00				
BANKS							
□ Local deposits under \$50,000,000		\$483.00 (1	10%) \$531.00				
□ Local deposits \$50,000,000 and above			10%) \$879.00				

NON-PROFIT	
□ Non-Profit Organizations, Civic Groups and Churches\$161.00	(110%) \$177.00
ASSOCIATE	
Individual - Non Business	(110%) \$ 99.00
Annual Chamber investments may be deducted as an ordinary and necessary business expense but is not a charitable deduction.	Two percent will be used for lobbying
Authorized Signature	

Authorized Signature: I understand that by providing my business's contact information, I am providing authorization for the employees listed on this application to receive communications sent by, or on behalf of, the Wytheville-Wythe-Bland Chamber of Commerce (and its subsidiaries and/or affiliates) via U. S. Mail, email, telephone, or fax until the Chamber is otherwise notified by the individuals.

Check Enclosed	Credit Card #:	·················		AMOUNT	F PAID:					
Credit Card	Exp. Date:	CVV:	Zip:							
	For office use only: Pla				GC	•	•••	• •	•	•

Make checks payable to the Wytheville-Wythe-Bland Chamber of Commerce. Send application and payment to:

Wytheville-Wythe-Bland Chamber of Commerce

150 East Monroe Street / Wytheville, VA 24382 / 276.223.3365 / Fax: 276.223.3412 / chamber@wytheville.org / www.wwbchamber.com