



Centerton Area Chamber Membership Application

Today's Date: _____ Business Name: _____

Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Business Contact: _____ Email: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Website: _____

Business Directory Category: *(Please Circle One)*

Auto	Education	Media	Shopping
Bank	Home	Medical	Utilities
Beauty	Insurance	Gov & Non-Profits	Other
Church	Legal	Real Estate	
Dining	Lodging	Restaurants	
Entertainment	Market	Services	

Centerton Area Chamber Membership Levels

(Please check One)

_____	Individual	\$	75.00	
_____	Business Starter	\$	150.00	<i>(For Home Based Businesses, Non-Profits, Churches & Sole Proprietors)</i>
_____	Business Basic	GOOD	\$ 299.00	<i>(For Businesses w/2-8 employees)</i>
_____	Business Growth	BETTER	\$ 599.00	<i>(For Businesses w/8-20 employees wanting Expanded Marketing Assistance)</i>
_____	Business Leader	BEST	\$ 999.00	<i>(For Businesses w/20+ employees wanting Expanded Marketing Assistance)</i>

Ask about our Executive & Presidents Level Memberships as well
** 10% Military Discount any level of membership with DD Form 214*

Please Remit Payment To: Centerton Area Chamber
P.O. Box 726
Amount Enclosed: _____ Centerton, AR. 72719

_____ **YES, I am interested in info regarding being a part of one of the following Chamber Teams:**

_____ Ambassador Team	_____ Business Expo Team
_____ Annual Banquet Team	_____ Event Team

Signature: _____ Printed Name: _____

Date: _____

Our Vision:
Create a powerful and growing business environment through promoting, advocating, and educating our LOCAL community.