



## MEMBERSHIP AGREEMENT

**Diamond**    **Gold**    **Silver**    **General**    **Non-Profit**    **Home Based**

Company's Name: \_\_\_\_\_

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

What products or services does your business offer? \_\_\_\_\_

Do you have a special offer for Chamber Members? \_\_\_\_\_

## APPLICANT INFORMATION

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Select one    Owner/Franchisee    Manager    Representative

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

Applicant Phone: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

## PHYSICAL LOCATION INFORMATION

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Same as Applicant Information

Business Address: \_\_\_\_\_

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

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

Business Email Address: \_\_\_\_\_

# CHAMBER INVOLVEMENT

(PLEASE DESIGNATE 2 INDIVIDUALS THAT WILL ATTEND & REPRESENT YOUR BUSINESS AT MONTHLY CHAMBER EVENTS)

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Contact 1 Same as Applicant

Contact 1 Name: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Contact 1 Position: \_\_\_\_\_

Contact 2 Position: \_\_\_\_\_

Contact 1 Phone: \_\_\_\_\_

Contact 2 Phone: \_\_\_\_\_

Contact 1 Email: \_\_\_\_\_

Contact 2 Email: \_\_\_\_\_

## Which annual events would you like to your business to participate in?

Vision Dinner  Economic Summit  Golf Tournament  Taste of South Jordan  Farmers Market

Teacher Appreciation

## Which committee would you be interested in assisting with?

Board Member  Ambassadors  Membership  Luncheon

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### Term of Contract:

This contract will be in force the duration of one year from the date this contract is signed.

### Membership Dues:

1. Membership dues are required upon the submission of this agreement unless prior arrangements have been made and submitted with this agreement in writing.
2. Membership dues are non-refundable, once the agreement has been approved.
3. If a payment schedule has been agreed to, the terms of that agreement must be fulfilled in order for the membership agreement will remain in force.
4. SJCC does not assume any responsibility for incurred charges due to insufficient funds by the financial institution of the member who has entered into a payment schedule agreement with SJCC.

New Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for joining and becoming a vital part of our business community

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### Office use:

Method of payment: Cash: \_\_\_\_\_ Charge: \_\_\_\_\_ Check: \_\_\_\_\_ Other: \_\_\_\_\_ DATE \_\_\_\_\_ PAID \_\_\_\_\_  
QuickBooks \_\_\_\_\_ Email List \_\_\_\_\_ Website \_\_\_\_\_ Plaque \_\_\_\_\_ Nametag \_\_\_\_\_ TY \_\_\_\_\_

Revised 02/01/2016