

Please fill out COMPLETELY & return with your payment

## Murfreesboro Chamber of Commerce

. PO Box 393 - 116 E. Main St

Murfreesboro, NC 27855

Phone: 252-398-4886

E-mail: [murfreesborochamber@gmail.com](mailto:murfreesborochamber@gmail.com)

Website: [www.murfreesborochamber.com](http://www.murfreesborochamber.com)

### MEMBERSHIP AGREEMENT

The undersigned hereby agrees to subscribe to the annual membership of the MURFREESBORO CHAMBER OF COMMERCE, INC, @

**\*(PLEASE CHECK ONE)\***

\_\_\_\_\_ \$200 for General membership

\_\_\_\_\_ \$250 for Silver Sponsorship

\_\_\_\_\_ \$500 for Gold Sponsorship

\_\_\_\_\_ \$1000 for Platinum Sponsorship.

\_\_\_\_\_ \$35 Individual \*(not a business membership).

The right is reserved to revise or cancel this agreement by written notice at any time prior to the beginning of the fiscal year, which is March 1.

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

Address: \_\_\_\_\_ Mailing: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Representatives: \_\_\_\_\_ Title/Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Signature of Authorized Murfreesboro Chamber of Commerce Representative for Your Business

Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Chamber of Commerce Rep. from your business)

I wish to pay: (check one) \_\_\_\_\_ annually

\_\_\_\_\_ semi-annually

\_\_\_\_\_ quarterly

(Yearly)

(Yearly fee ÷ 2)

(Yearly fee ÷ 4)

2019



Rec'd By: \_\_\_\_\_

Date: \_\_\_\_\_ Ck# \_\_\_\_\_ Card \_\_\_\_\_