



Membership Investment Application/Renewal 2025

*Business/Individual Name: _____ Year Established: _____

*Contact Name: _____

*Website: _____

*Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

*Phone: () _____

*Email you want all information sent to: _____

*Type of Business: _____

Additional Representatives:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

***Required**

Membership fees by # of employees:

1-3 Employees	\$100.00 ____	13-25 Employees	\$200.00 ____
4-7 Employees	\$125.00 ____	26-50	\$275.00 ____
8-12 Employees	\$150.00 ____	51 or more	\$375.00 ____

*Individual/Non-Business/Churches/Schools \$ 75.00 ____

Types of sponsorship membership:

Platinum ____ \$2500 Gold ____ \$1500 Silver ____ \$1,000 Pearl ____ \$500

(See descriptions attached. Membership is included with sponsorship)

Sponsorship Options *(membership included)*

PLATINUM - \$2500_____

Acknowledgement on every newsletter
Logo with link on Chamber website home page
Special recognition & signage at Chamber events
Link on membership on-line membership directory
Reserved table & **eight** tickets for Bon Appetit
Two monthly lunches free
Business Expo Booth (if scheduled) One co-hosted After-Hours

GOLD - \$1500_____

Acknowledgement on every newsletter
Logo with link on Chamber website
Special recognition & signage at Chamber events
Link on on-line membership directory
Four tickets for Bon Appetit
Business Expo Booth (if scheduled)

SILVER - \$1,000_____

Acknowledgement on every newsletter
Logo with link on Chamber website
Signage at Chamber events
Link on on-line membership directory
Two tickets to Bon Appetit

PEARL - \$500_____

Acknowledgement on every newsletter. Signage at Chamber events.
Advanced opportunity for tickets, etc. for future planned Chamber events.

*Membership investment is based on the number of employees. There are separate categories for civic, church, non-profit, and individual membership.

By signing this form you consent to being emailed regarding chamber issues & events.

Signature: _____ Date: _____

100 E. Oak St – Amite, Louisiana -70422

Phone (985) 748-5537 Email: amitecoc@amitechamber.org

www.amitechamber.org

Debit/Credit Payments

Card Number _____ Exp _____ CVC _____

Please make checks payable to **AMITE CHAMBER OF COMMERCE** and mail to **100 E. Oak St, AMITE, LA 70422**