



Invitation to Invest

Business Name _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

of Full Time Employees _____ (2 Part time = 1 Full time)

Business Category _____ Contact method () Fax () Email

Signature _____ Date _____

Annual Investment Schedule			
Real Estate/Medical/Accountants/Attorneys			\$250
Additional Associate Listings, each			\$75
Financial Institutes/Hospitals/Utilities			\$700
Additional Branch Listing, each			\$35
Builders/Developers/Contractors			\$315
Apartments (includes 200 rooms or units)			\$210
Each additional room or unit			\$1
Churches, Clubs, Organizations, Secondary Schools, and Community Service			\$140
Independent Sales or Professional Associate			\$250
Individual Member (no business recognition)			\$140
Retired Member			\$50
General Businesses			
Based on number of full time employees			
2 part time = 1 full time			
1—3	\$210	12—20	\$420
4—7	\$245	21—40	\$630
8—11	\$315	41 & over	\$700
Application Fee		\$25	
Additional Business Address		\$40	
Additional Business Category		\$35	

Member Investment \$ _____

Application Fee \$ _____

Additional Category \$ _____

Additional Address/Branch \$ _____

Total Investment \$ _____

() My check is enclosed, payable to:
Southaven Chamber of Commerce

() Please bill my Visa or MC

Acct# _____

Exp date _____

Signature _____

Your membership/investment may be deductible
as an ordinary and necessary business expense.