



MEMBERSHIP APPLICATION

The undersigned firm or individual requests application for membership from the RSM Chamber of Commerce and agrees to adhere to all bylaws, policies, and procedures adopted by the Board of Directors. The applicant and the RSM Chamber of Commerce agree that this membership is for a twelve month period renewable annually until cancelled in writing. **Membership fees are non-refundable.**

COMPANY/ INDIVIDUAL _____ DATE _____

ADDRESS _____ NO. OF EMPLOYEES _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL (TO BE PUBLISHED, EX: INFO@) _____

WEBSITE _____ BUSINESS CATEGORY _____

PRIMARY CONTACT _____ TITLE _____

DIRECT PHONE _____ PERSONAL E-MAIL _____

MEMBERSHIP	PRESIDENT'S CIRCLE INVESTMENT
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ONE YEAR OF MEMBERSHIP	\$135.00	INVESTMENT	_____
TOTAL	_____	(INCLUDES MEMBERSHIP AND ONE-TIME PROCESSING FEE)	

MEMBERSHIP PAYMENT ENCLOSED IS MY CHECK PLEASE CHARGE MY CREDIT CARD

CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD

NAME ON CARD: _____ CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____ 3-4 DIGIT CVV: _____

CREDIT CARD BILLING ADDRESS _____

PRINT NAME _____ SIGNATURE: _____

Applications Subject To Board Approval