



# Member Contract

Company Name: \_\_\_\_\_

Main Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address (for directory): \_\_\_\_\_

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

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

Website: \_\_\_\_\_ Main Representative Email: \_\_\_\_\_

Membership Directory Category: \_\_\_\_\_

What are your expectations from the HSCC?: \_\_\_\_\_

Brief Summary of Your Business: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

## Additional Reps

## Email Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Annual Dues: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

## Payment Options

Payment:  Check  Cash  Credit Card (Visa, Mastercard, Discover or American Express)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ VCode: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Entering into this contract entitles you to all the benefits afforded to Chamber Members. Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.

By your signature, you acknowledge that this date becomes the annual renewal date for your membership and agree that membership is continued until cancelled in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_