



Investment Schedule

Number of Employees	Rate
1-3	\$175
4-9	\$185
10-25	\$225
26-50	\$250
51-75	\$300
76-100	\$350
101-150	\$400
151 or more	\$400 +\$1 for each employee over 151

Professionals
 \$185 + \$75 per additional professional
 (defined as: doctors, dentists, attorneys,
 chiropractors, engineers and certified public
 accountants)

Hospital/Residential Care \$4 per bed

Financial Institution \$26 per million is assets
 held in Lawrence County.

Non-Profit \$175

Utility/Service Providers # hook-ups x .05

Insurance/Real Estate Agency \$185 + \$25
 per professional. Additional professionals
 may be listed as members for \$50 when
 agency is a member.

Return application and annual dues to:
Bedford Area Chamber of Commerce
1116 16th Street
Bedford, IN 47421

Bedford Area Chamber of Commerce

Application for Membership

Business Name _____

Principal Contact _____

Title _____

Address _____

City/St/Zip _____

Phone _____

Fax _____

E-mail _____

Please add me to the Chamber's Notification Network. I understand that my email address will be kept private.

Website Address _____

Full-time employees _____ part-time _____

Please list other contacts with your firm:

Business Category (please check one):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Financial & Professional Firms |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |

Brief description of business:

Annual Dues \$ _____ Date _____

(Please see investment schedule of left).

To the Board of Directors: This application is for membership in the Bedford Area Chamber of Commerce. It will be renewed each year unless the undersigned applicant gives written notice 30 days prior to the anniversary date.

Signature _____