

Zebulon Chamber of Commerce
PO Box 546 Zebulon, NC 27597
Phone: 919-269-6320 Fax: 919-269-6350
zebcoc@bellsouth.net

MEMBERSHIP APPLICATION

Membership dues are based on the numbers of full-time (or equivalent) employees. Dues are renewed annually on January 1st. **Beginning April 1, dues will be prorated according to the month joined by a new member.** **Note:** Membership will be activated upon receipt of this form *and* payment of annual dues.

Businesses with:	1 to 5 full-time employees: \$150	Individuals (no business name) or
	6 to 15 full-time employees: \$225	Non-profit organizations: \$100
	16 to 50 full-time employees: \$325	
	51+ full-time employees: \$625	

My business has _____ **full-time employees.** Business name: _____

Contact Person: _____ Title _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Business type: _____

E-Mail: _____ Web Address: _____

We sometimes “spotlight” individual businesses in our monthly newsletters and other media. Please tell us a bit about yourself and your business: _____

Business owners of two of more businesses

The business with the most employees will be listed as the 1st business and will pay full price. Owner will receive ½ price discount for any additional businesses. The 2nd business’ dues will be based on the number of employees of the 2nd business at ½ price. (Membership application must be completed for each business.)

I understand that membership will terminate within 60 (sixty) days after receipt of statement if dues are not paid.

Signature of Contact Person: _____ Date: _____