



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 \_\_\_\_\_
CELL PHONE \_\_\_\_\_ PERSONAL E-MAIL \_\_\_\_\_

MEMBERSHIP PRESIDENT'S CIRCLE INVESTMENT

ONE YEAR OF MEMBERSHIP \_\_\_\_\_ INVESTMENT \_\_\_\_\_
TOTAL \_\_\_\_\_

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\*