

## Twiggs County Chamber of Commerce Annual Membership Investment Application

Firm or Association Name:\* \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Key Contact:** \_\_\_\_\_

Professional Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Type of Business: \_\_\_\_\_

Average # Employees/Year: \_\_\_\_\_ Minority Owned?  Yes  No

**\*Individual membership applicants please use this form and omit business/association related fields and record your name instead of the business name on the first row.**

*Chamber membership dues are tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for Federal tax purposes. Dues are payable in advance on or before the first day of the month following the anniversary date of membership. Membership is automatically renewable and billable unless resignation is submitted in writing or member is otherwise terminated (Article II, Section 4).*

*Note: No lobbying expenses are associated with these membership dues.*

**Annual Investment:** Indicate the appropriate membership classification below.

Membership Classification	Annual Dues
<input type="checkbox"/> Business	\$125
<input type="checkbox"/> Non-Profit	\$85
<input type="checkbox"/> Individual*	\$25

Mail completed application to: MEMBERSHIP, PO Box 248, Jeffersonville, GA 31044

For more information email [chair@twiggschamber.com](mailto:chair@twiggschamber.com)

\_\_\_\_\_  
Signature of person responsible for payment

\_\_\_\_\_  
Date

YES, contact me about serving on a Committee! I am interested in (check all that apply)

Education & Leadership,  Events,  Infrastructure,  Public Safety.