

Membership Information Form

Thank you for becoming a member of the Butler County Chamber of Commerce. We have launched a new membership management software program to better serve you. As a new or returning Chamber member, it is important to your membership that we have current and accurate information on file in order to fully serve your organization. Please return this form along with your membership payment and additional sponsorship choices.

Company/Business Name: _____

Primary Contact: _____ **Position/Title:** _____

Primary contact manages: All aspects of business Billing/Accounting Marketing/Sponsorships

Secondary Contact: _____ **Position/Title:** _____

Secondary contact manages: All aspects of business Billing/Accounting Marketing/Sponsorships

Business Phone: _____ **Additional Phone:** _____

E-mail: _____ **Website URL:** _____

Social Media } Facebook: facebook.com/_____ Twitter: @_____

Month/Year in which your business was established: _____

Name of Owner(s) *(if different than primary and secondary contact):* _____

Physical location of your business: _____

Mailing address *(if different than physical address):* _____

Number of Full-Time Employees: _____ **Number of Part-Time Employees:** _____

Business Category *(select all that apply):*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Construction/Contractors | <input type="checkbox"/> Lodging & Travel | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Arts/Culture/Entertainment | <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing/Industrial | <input type="checkbox"/> Restaurants/Food Service |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Media/Advertising | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Business/Professional Service | <input type="checkbox"/> Governmental | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Health Care | <input type="checkbox"/> Pets/Veterinary Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computers/Telecommunications | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Real Estate/Moving/Storage | <input type="checkbox"/> Utilities |

Membership Level: FRIENDS BASIC MEMBERSHIP SILVER GOLD

Sponsorship Opportunities *(the same sponsorship opportunities will also be mailed throughout the year; this is an opportunity to plan ahead)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Ag Expo Event Sponsor (\$2,000) | <input type="checkbox"/> Ag Expo Corporate Sponsor (\$500) | <input type="checkbox"/> Ag Expo Vendor Booth (\$150) |
| <input type="checkbox"/> Luncheon Sponsor (\$100) | <input type="checkbox"/> Raffle Husker Ticket Sponsor (\$350) | <input type="checkbox"/> Raffle Getaway Trip Sponsor (\$200) |
| <input type="checkbox"/> Raffle Prize Donation (\$30 value) | <input type="checkbox"/> Golf Tournament Corporate Sponsor (\$1,000) | <input type="checkbox"/> Golf Tournament Hole Sponsor (\$150) |
| <input type="checkbox"/> Golf Tournament Team Entry (\$160) | <input type="checkbox"/> Golf Tournament Pin Prize (\$30 value) | <input type="checkbox"/> Santa's Stops Corporate Sponsor (\$400) |
| <input type="checkbox"/> Santa's Stops Prize (\$25-50 value) | <input type="checkbox"/> Annual Banquet Sponsor (\$1,000) | <input type="checkbox"/> Bi-Weekly E-mail Sponsorship (\$50) |

TOTAL COMMITMENT: \$ _____ **AMOUNT ENCLOSED:** \$ _____

- I would like to fulfill my financial commitment for 2017 with two installments. First installment is to be returned with this form by February 15, 2017. Second installment to be paid on or before July 15, 2017.

Signature: _____

Date: _____