



New Member Application

Company/Organization _____

Primary Contact Name & Title _____

Contact Phone _____ E-Mail _____

Business Location Phone _____

Business Location Address (for publication) _____

Billing Address/PO Box _____

Website _____

We have a regular e-newsletter and send out chamber information, such as invitations to events.
Who would you like to receive these emails?

Name/Title: _____ Email _____

Name/Title: _____ Email _____

Method of Payment: ☐ Check attached ☐ ACH Form attached ☐ Contact for Credit Card Number

NOTES: _____

Yes! I would like to become a member of the Chairman's Circle or President's Circle to further promote my business. These amounts are in addition to annual dues.

Please add me: ☐ Chairman's Circle (\$1000) ☐ President's Circle (\$500)

**See Marketing Menu for Investment benefits.

Membership Dues

\$190 0-5 Employees

\$330 6-10 Employees

\$395 11-20 Employees

\$495 20+ Employees

\$105 Non-Profit / Gov't

\$75 Friends of Chamber

Retirees, Volunteers, not self employed

ACH Authorization Form

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: _____

Authorizing Contact Person: _____

Phone: _____

I hereby authorize the North Mason Chamber of Commerce (NMCC) to initiate debit entries to my ☐ Checking Account or ☐ Savings Account (select one) at the depository financial institution named below, and to credit and/or debit the same to such amount. This authority is to remain in full effect until NMCC has received written notification from the account holder of its termination as set out below. I also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

☐ **YES – I would like to participate in the Auto Debit Program.** Please debit my account based on the information below. I agree and understand that:

- I will not be auto debited for special assessment charges, fines or beginning balances.
- The auto debit will clear on the 5th day of each month. If that day falls on a weekend or holiday the withdrawal will occur on the next regular business day.
- I will still receive monthly statements.
- I will be charged \$15 for any/all NSF or rejected debits.
- I must make written notification to STOP participation in this program on or before the 15th day of the month prior to such changes.

☐ **CHANGE** – Please make changes to my account based on the information below.

☐ **STOP** – Please stop my participation in the auto debit program.

Routing # (9 digits)	Account #	Type of Account
Financial Institution Name and Address		
Authorizing Party Name and Address (Print Name Clearly)		
Signature of Authorizing Party		Date

Select Auto Debit Recurrency:

- ☐ Auto debit total annual dues – annually on renewal date
- ☐ Break up annual dues equally into 12 monthly auto debited amounts

Please attach a voided check to this authorization if a checking account will be debited

