

**HOPE AREA CHAMBER OF COMMERCE
P.O. Box 131 HOPE, IN 47246**

2012

FORM: HACC 2012-1

Company/Organization Name: _____

Mailing Address: _____

Physical Address: _____

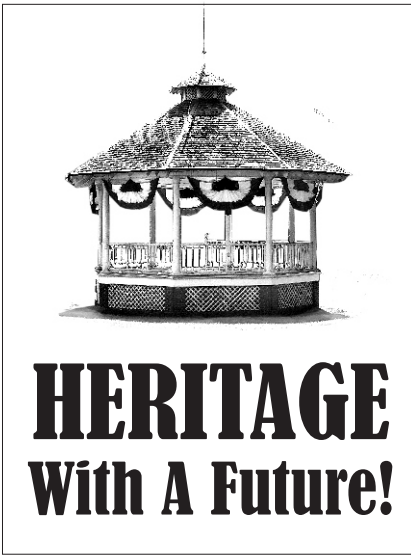
Number Of Employees: _____ Website: _____

Contact Person: _____ Title: _____

Contact Telephone: _____ Contact Fax: _____

Contact Email Address: _____

Privacy Policy: It is our policy to not release information on our members to third parties or to sell our mailing list. However, we do publish a Membership Directory and other publications which do contain basic contact information.



Annual Hope Area Chamber of Commerce Membership:
Dues are calculated based on the total number of employees.

Please circle one:

- 1-3 Employees.....\$50
- 4-10 Employees.....\$85
- 11-50 Employees.....\$125
- 51-100 Employees.....\$175
- Over 100.....\$250

- Individual Dues.....\$35
- Not-For-Profit Dues....\$45

**Remit to: Hope Area
Chamber of Commerce**

Check box if you would like to join the Columbus Area Chamber of Commerce through our Associate Program. Enclose an additional check for \$45 made payable to the Columbus Area Chamber of Commerce. We will forward your payment and information.

Please list dues remitted with this form. Mail form and payment(s) to address below.

Hope Area Chamber membership	\$ _____	(See chart. Business dues range from \$50-\$250)
To join Columbus Area Chamber	\$ _____	(Include separate payment for CACC)
Associate membership (See Above)	\$ _____	(Name of other Chamber: _____)
Not-For-Profit or Individual membership	\$ _____	

**Return form and payment(s) to: Hope Area Chamber of Commerce,
P.O. Box 131, Hope, IN 47246. Questions? Call (812) 546-HOPE.**

Amount enclosed: \$ _____