

Company Name: _____

Main Representative: _____

Address (for directory): _____

Phone: _____ Fax: _____

Mailing Address: _____

Website: _____ Main Representative Email: _____

Membership Directory Category: _____

Who Introduced You To The Chamber?: _____

Brief Summary of Your Business: _____

_____ Number of Full Time Employees: _____

Additional Reps

Email Address

Amount of Annual Dues: _____

Enhanced Website Listing: Weblink, Logo and Photo Upload, Contact Name (\$25 annually): ☐ Yes

Member to Member Discount (Complimentary) Details of Coupon: _____

Discount Rules • Discounts must be a minimum of 10% off • Must apply to actual goods and services

• Word maximum for description of discount is 30 • Discounts must be ongoing, not one time offers

• NO "free consultation" offers • Offers must be good for full six months (ads may change every six months)

Total Amount Due: _____

Payment Options

Billing: ☐ Annually ☐ Semi Annual ☐ Quarterly ☐ Monthly (bank draft only)

Initial Payment: ☐ Check ☐ Cash ☐ Credit Card ☐ Bank Draft (see back of this contract for the form)

Billing Address (if different): _____

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card _____ V Code# _____

Signature: _____

Entering into this contract entitles you to all the benefits afforded to Chamber Members. Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.

By your signature, you acknowledge that this date becomes the annual renewal date for your membership and agree that membership is continued until cancelled in writing.

Signature _____ Date _____

ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBTS)
(BANK DRAFT)

This is my authorization to the Cary Chamber of Commerce, (56-0989726) to automatically debit my____checking or _____savings account.

_____(Account Number)

_____(Bank Transit/ABA No.)

at _____(financial institution) in _____(city)_____(state)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such an entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Company/Business Name

Customer Name

Date

DRAFT OCCURS Monthly on the 15th