

Spring River Area **CHAMBER** of **COMMERCE**

MEMBERSHIP APPLICATION

BUSINESS MEMBERSHIP: Please note the actual number of employees in space provided. Business owner(s) count as one. How to count employees: If they work an average of 30 to 40 hours per week count as 1 employee, and if under 20 hours per week, count as 1/2 employee. If you have mulitiple employees or are located outside of our service area with a local representative, please call the office to help you.

(*NONPROFIT/INDIVIDUAL MEMBERSHIP: Only for the use of elected officials, retirees or non-business owners/volunteers, or nonprofit organizations, clubs or organizations with one or less paid staff member with no thrift store/bar connection_\$30.00)

*Nonprofit/Individual =		\$30
1-2	Employees =	\$50.00
3-5	Employees =	\$100.00
6-10	Employees =	\$200.00
11-24	Employees =	\$350.00
+ 25	Employees =	\$500.00

If you have any questions regarding your classification or if you need additional assistance in completing this form, please contact the Spring River Area Chamber of Commerce at 870-856-3210 or e-mail our office at the following address: info@sracc.org

Please mail this statement along with your check made payable to SRACC to: PO Box 1015, Hardy, AR 72542

Date:				
Name of Business or individual:				
Contact person:				
Business Address:	City:		State:	Zip
Mailing Address:	City:		State:	Zip:
Telephone #:				
-mail Address:		·		
Veb Address:		Facebook:		
/lay we publish & distribute your information?	YesNo	(HOME BUSINESS A	DDRESSES	NOT PUBLISHED)
Nould you like to offer a discount to chamber mem	bers? If so, wh	at?		
Nho referred you to join the SRACC?				
For office use: Check #: Amount:	Date received:	Ente	ered: Stic	kerWeb:
Email: info@sracc.org				www.sracc.org

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