



Physical Address: 119 E. Main St.
Mailing Address: PO Box 1015
Hardy, AR 72542

(870) 856-3210
info@sracc.org



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, they count as 1 employee, and if under 20 hours per week, count as ½ employee. If you have multiple 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 non-profit 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: _____



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Name of Business or individual: _____

Contact person: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

E-mail Address: _____

Web Address: _____ Facebook: _____

May we publish & distribute your information? ☐ Yes ☐ No (HOME BUSINESS ADDRESSES NOT PUBLISHED)

Would you like to offer a discount to chamber members? If so, what? _____

Who referred you to join the SRACC? _____

For office use: Check #: _____ Amount: _____ Date received: _____ Entered: _____ Sticker _____ Web: _____