



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 1/2 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: _____

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: _____