

 **2023** APPLICATION FOR INVESTMENT

105 2nd Street / P.O. Box 1017, Clarksville, VA 23927

Phone: 434-374-2436 Fax: 434-374-8174

Email: clarksvillelakecountry@outlook.com Website: clarksvilleva.com

|  |
| --- |
| **YES! I WANT TO HELP, PROTECT AND PROMOTE THE FUTURE OF MY BUSINESS IN CLARKSVILLE.** |

|  |  |
| --- | --- |
| **Name of Firm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Business CATEGORY - (FILL IN)** |
| **Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Category for Membership Listings. One category is included in your membership fee. Each additional category is $25. |
| **Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **1.**  |
| **Website Address (URL):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **2.** **3.** |
| **Business Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# Employees:** \_\_\_\_\_\_\_\_ **Age of Firm:** \_\_\_\_\_\_\_ *(Note: 2 part-time employees = 1 employee)* | *Every attempt will be made to place your business in the category you desire. However, categories may be combined to make the directory more readable.* |
| **Business Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Description for Chamber website listing (up to 150 characters, including spaces):** |
|  |

 **Circle Yes or No for each of the following:** Pet Friendly – Yes / No Volunteer (Interested) – Yes / No

 Sponsoring Events (Interested) – Yes / No Chamber Coupons (Interested) – Yes / No Chamber Bucks (Interested) – Yes / No

 **Business Contacts:** (1)The **primary** contact will receive official Chamber mailings. (2)The name, business phone, fax and email for the **directory** contact will be published in the directory. \*Circle Primary or Directory, below for each representative. Additional contacts and information are for office use and electronic distribution from the Chamber only.

 **Contact #1**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **\* (1) Primary (2) Directory** | **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Contact #2**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **\* (1) Primary (2) Directory** | **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Use other side for additional contacts.)

|  |
| --- |
| **ANNUAL INVESTMENT** |
| Please remit annual investment according to the following schedule: |
| Business with 1 to 35 Employees  | $175.00 |
| Business with over 35 Employees  | $350.00 |
| Financial or Manufacturing Institutions  | $350.00 |
| Non-Profit Mecklenburg County Organizations  | $100.00 |
| Associate Member (individuals - no business listing)  | $ 60.00 |
| Each Additional Business Category Listing (1 category included) | $ 25.00 |
| Please renew my Chamber membership - my investment for this year is $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Note: For Federal tax purposes, investment payment is tax deductible as an ordinary and necessary business expense. **PLEASE RETURN THIS FORM WITH PAYMENT, Thank you!** |