

# Membership Application

*\*Required information to be considered for membership*



Chamber of Commerce  
of Huntsville/Madison County  
225 Church Street, Huntsville, AL 35801

(256) 535-2000 Fax (256) 535-2015  
www.HuntsvilleAlabamaUSA.com

Date: \_\_\_\_\_

\*Company Name \_\_\_\_\_

\*Primary Local Executive & Title \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Company Contact & Title *(if different from primary)* \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Physical Address \_\_\_\_\_

\*Mailing Address *(if different from physical address)* \_\_\_\_\_

\*Billing Address *(if different from others)* \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Web Site Address \_\_\_\_\_

\*Year Business Established \_\_\_\_\_ \*Number of Employees in Madison County \_\_\_\_\_ full-time \_\_\_\_\_ part-time

NAICS Code \_\_\_\_\_ SIC Code \_\_\_\_\_ Business is at least 51%:  woman-owned  minority-owned

*Please email your **Business Description** (paragraph form) to Donna McCrary: [dmccrary@hsvchamber.org](mailto:dmccrary@hsvchamber.org).*

Method of Payment:  Check  Cash  American Express  Discover  MasterCard  Visa  Automatic Debit  
*(see separate form)*

Name on Credit Card \_\_\_\_\_

**For MC, Visa or Discover users:**

Credit card number \_\_\_\_\_ Exp. \_\_\_\_\_ **3-digit** security code \_\_\_\_\_

**For American Express users:**

Credit card number \_\_\_\_\_ Exp. \_\_\_\_\_ **4-digit** security code \_\_\_\_\_

Amount for charge \_\_\_\_\_ Signature for charge \_\_\_\_\_

*Should any payment of dues not clear, membership will be suspended until the remaining balance is paid in full. The service charge for a returned check is \$25.00 – regardless of the amount of the check, or the reason that it was returned. For automatic debit payments, a Payment Plan Form must accompany this application. **Your membership will automatically renew annually until written notice has been received.***

*The Chamber of Commerce of Huntsville/Madison County Board of Directors reserves the right to decline this application. The information about your company may be used for business referral or contact about a business-related activity.*

\*Member Signature \_\_\_\_\_ \*Chamber Representative \_\_\_\_\_

*To be completed by Chamber staff:*

Dues Classification \_\_\_\_\_

Company business category for printed and online directories \_\_\_\_\_

Additional categories for online directory only \_\_\_\_\_

\_\_\_\_\_