

Acct. Rep. \_\_\_\_\_

Company Name: \_\_\_\_\_

Main Representative: \_\_\_\_\_

Address (for directory): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_ Main Representative Email: \_\_\_\_\_

Membership Directory Category: \_\_\_\_\_

Who Introduced You To The Chamber?: \_\_\_\_\_

Brief Summary of Your Business: \_\_\_\_\_

\_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_

## Additional Reps

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Email Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Annual Dues: \_\_\_\_\_

Link to Website (\$25 annually):  Yes

Member to Member Discount (\$25 annually):  Yes

Discount Rules • Discounts must be a minimum of 10% off • Must apply to actual goods and services

• Word maximum for description of discount is 30 • Discounts must be ongoing, not one time offers

• NO "free consultation" offers • Offers must be good for full six months (ads may change every six months)

Total Amount Due: \_\_\_\_\_

## Payment Options

Billing:  Annually  Semi Annual  Quarterly  Monthly (bank draft only)

Initial Payment:  Check  Cash  Credit Card  Bank Draft (see back of this contract for the form)

Billing Address (if different): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ V Code# \_\_\_\_\_

Signature: \_\_\_\_\_

Entering into this contract entitles you to all the benefits afforded to Chamber Members. Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.

By your signature, you acknowledge that this date becomes the annual renewal date for your membership and agree that membership is continued until cancelled in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBTS)  
(BANK DRAFT)**

**This is my authorization to the Cary Chamber of Commerce, (56-0989726) to automatically debit my \_\_\_\_\_ checking or \_\_\_\_\_ savings account.**

\_\_\_\_\_ **(Account Number)**

\_\_\_\_\_ **(Bank Transit/ABA No.)**

**at \_\_\_\_\_ (financial institution) in \_\_\_\_\_ (city) \_\_\_\_\_ (state)**

**I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.**

**I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such an entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.**

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
**Company/Business Name**

\_\_\_\_\_  
**Customer Name**

\_\_\_\_\_  
**Date**

**DRAFT OCCURS Monthly on the 15th**