

MEMBERSHIP APPLICATION

BUSINESS INFORMATION:

COMPANY NAME: _____

PRIMARY **LOCAL** CONTACT: _____ TITLE: _____ EMAIL: _____

ADDITIONAL **LOCAL** CONTACT: _____ TITLE: _____ EMAIL: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ COMPANY WEBSITE: _____

CORPORATE HEADQUARTERS LOCATION: _____

FEDERAL TAX ID #: _____

ALABAMA BUSINESS LICENSE #: _____

DATE BUSINESS ESTABLISHED (MM/DD/YYYY) _____

MEMBERSHIP FEES

MEMBERSHIP FEES		ANNUAL DUES
Food Truck		\$175.00
1-4	Full-Time Employees	\$325.00
5-10	Full-Time Employees	\$400.00
11-25	Full-Time Employees	\$450.00
26-50	Full-Time Employees	\$550.00
51-100	Full-Time Employees	\$700.00
101-500	Full-Time Employees	\$850.00
501-1,000	Full-Time Employees	\$1,250.00
1,001-2,000	Full-Time Employees	\$1,500.00
Individuals		\$200.00

OTHER

Ribbon Cutting Fee	\$150.00
One-Time Only Admin Fee	\$50.00*

*Add this amount to your total.

ADDITIONAL LISTINGS

1 Additional Listing	\$200.00
5+ Additional Listings	\$150.00 (per listing)

MEMBERSHIP DIRECTORY

PLEASE SELECT ONE:

Advertising, Marketing, Media	Industrial Supplies & Service
Arts, Culture, & Entertainment	Legal
Automotive & Marine	Lodging & Travel
Business & Professional Services	Personal Services & Care
Computers & Telecommunication	Pets & Veterinary
Construction Equipment & Contractors	Real Estate, Moving & Storage
Family, Community & Civic Organizations	Religious Organizations
Finance & Insurance	Restaurants, Food & Beverage
Government, Education & Individuals	Shopping & Specialty Retail
Healthcare	Sports & Recreation
Home & Garden	Transportation

DIRECTORY INFORMATION:

KEY SEARCH WORDS FOR MEMBER DIRECTORY (WRITE-IN FOUR):

1. _____; 2. _____; 3. _____; 4. _____

COMPANY SOCIAL MEDIA HANDLES:

FACEBOOK _____ INSTAGRAM _____ LINKEDIN _____

PAYMENT INFORMATION:

PAYMENT METHOD: CHECK[] VISA[] MASTERCARD [] AMEX[] DISCOVER[]

CREDIT CARD NO.: _____ EXP. DATE: _____ CVV: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IS YOUR BUSINESS AT LEAST 51%:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alaskan Native Owned | <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> 501(c)(3) |
| <input type="checkbox"/> Employee Owned | <input type="checkbox"/> Woman Owned | <input type="checkbox"/> Other Nonprofit |
| <input type="checkbox"/> Foreign Owned | <input type="checkbox"/> exporter | <input type="checkbox"/> Disadvantaged Small Business |
| <input type="checkbox"/> Minority Owned | <input type="checkbox"/> Importer | <input type="checkbox"/> Disadvantaged Buiness Enterprise |
| <input type="checkbox"/> Native American Owned | <input type="checkbox"/> HUBZone | |
| <input type="checkbox"/> Service Disabled Veteran Owned | <input type="checkbox"/> SBA Certified 8(a) | |

TOTAL AMOUNT DUE: _____

SIGNATURE: _____