



# Spring River Area CHAMBER of COMMERCE

119 E. Main St.  
PO Box 1015  
Hardy, AR 72542  
(870) 856-3210

## MEMBERSHIP APPLICATION

**BUSINESS MEMBERSHIP:** Please note the actual number of employees in space provided. Business owner(s) count as one person if no other staff. Count only hired full-time personnel.

Number of employees:

_____ 1-2	Employees =	50.00
_____ 3-5	Employees =	100.00
_____ 6-10	Employees =	200.00
_____ 11-24	Employees =	350.00
_____ + 25	Employees =	500.00

**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 connection* \_\_\_\_\_ \$30.00

Please email your logo, pictures (in a jpeg format) and any information (word doc) about your business you would like included on your directory listing on the website. You may also a classified ad every 30 days on the website under Shop Local at [www.sracc.org](http://www.sracc.org). 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](mailto:info@sracc.org).

Please mail this statement along with your check made payable to: Spring River Area Chamber of Commerce  
2423 F Hwy 62/412  
Highland, 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: \_\_\_\_\_

May we publish & distribute your information? \_\_\_ Yes \_\_\_ No

Would you like to offer a discount to chamber members? If so, what? \_\_\_\_\_

For office use    Paid by: \_\_\_\_\_    Amount:\$ \_\_\_\_\_    Date: \_\_\_\_\_