



Columbus Area Chamber of Commerce

You Are Worth It!

753 33rd Ave. Columbus, NE 68601
Ph: 402-564-2769 Fax: 402-564-2026
www.thecolumbuspage.com
info@columbuschamber.org



Business Information

Business or Organization Name: _____

Physical Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mailing Address Same as physical

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Number of Full-Time and Part-Time Employees: #FTE _____ #PTE _____

Main Contact Information

Name: _____

Title/Role: _____

Phone: _____

Email: _____

Social Media

LinkedIn: _____

Facebook: _____

Twitter: _____

Instagram: _____

YouTube: _____

Google My Business: _____

Better Business Bureau: _____

Why did you join the Columbus Chamber?

- | | |
|---|---|
| <input type="checkbox"/> Advocacy/Public Policy | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Business Connections | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> All |
| <input type="checkbox"/> Marketing/Visibility | <input type="checkbox"/> Other |

Describe Your Business

Categories (see directory): _____

Membership Dues

Base Membership	\$260 (71 cents/day)	\$ 260
<small>(Includes owner/manager)</small>		
- \$80 per business partner/professional (if any)		+ \$ _____
- 2-25 employees @ \$13.50 each		+ \$ _____
- 26-75 employees @ \$7.50 each		+ \$ _____
- 76 or more employees @ \$5.50 each		+ \$ _____
Subtotal		\$ _____

Financial Institutions	\$260 + Based on deposits	\$ 260
or		+ \$ _____
Utilities	\$260 + Negotiated	Subtotal \$ _____

Professional	\$260 + \$80 p/ professional	\$ 260
		+ \$ _____
Subtotal		\$ _____

Friend of Columbus (Not categorized)	\$260	_____
Individual	\$135	_____
Non-Profit (Organizations, Associations, Churches)	\$155	_____

Billing Information	
Billing Contact	<input type="checkbox"/> Bill to Main Contact
Name: _____	Title/Role: _____
Phone: _____	Email: _____
Billing Address	<input type="checkbox"/> Same as Mailing Address
Street/PO Box: _____	
City: _____ State: _____ Zip: _____	

Catalyst Monthly Newsletter	<input type="checkbox"/> Mailed Copy	<input type="checkbox"/> Email
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Payment Details		
<input type="checkbox"/> Annual Payment	<input type="checkbox"/> Semi-Annual Payment	<input type="checkbox"/> Monthly ACH
Card # _____ Exp. _____ CVV: _____ Zip Code: _____		
(For compliance purposes, credit card information is not stored)		

Authorized By: _____ Membership Total: \$ _____

Chamber Rep: _____