

939 Highway 43 South
Saraland, AL 36571
Phone: (251) 675-4444
Fax: (251) 675-2307



E-mail:
info@saralandchamber.com
www.saralandchamber.com

Membership Application

Date: _____
Name of Business: _____
Type of Business: _____
Month/Year Established: _____ E-mail: _____
Website Address: _____
Name of President or Managing Officer: _____
Name and Title of Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Telephone () _____ Fax () _____
Sponsor _____ Amount Enclosed \$ _____
Date Completed _____
Signature _____

Yearly Dues Structure:

Church/Non-profit Civic Organization- \$85
0-2 Employees- \$135
3-5 Employees- \$160
6-10 Employees- \$185
11-20 Employees- \$210
21-50 Employees- \$260
51-75 Employees- \$315
76 & Over Employees- \$365

FOR OFFICE USE ONLY	
Check # _____	Amount \$ _____
Date Received _____	