



MARSHALL COUNTY CHAMBER OF COMMERCE  
MEMBERSHIP APPLICATION

**APPLICANT INFORMATION**

Name/Business: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PAYMENT METHODS** (Check made out to Marshall County Chamber of Commerce)

Credit Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MEMBERSHIP RATES (January 1 – December 31)**

- **Individual:** \$100
- **Non-profit:** \$125
- **1–2 Employees:** \$175
- **3–4 Employees:** \$200
- **5–10 Employees:** \$300
- **11–25 Employees:** \$350
- **26–50 Employees:** \$500
- **Large (51–100 Employees):** \$700
- **Corporate Sponsorship:** \$850

Please return form to:

**Marshall County Chamber of Commerce**  
**609 Jefferson Avenue**  
**Moundsville, WV 26041**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_