

MEMBERSHIP APPLICATION

Please complete the information below and deliver to the Conway Area Chamber of Commerce:

900 Oak Street, Conway, AR 72032 (mail or in person)

GetSmart@ConwayArkansas.org (email) | 501.327.7790 (fax)

For faster processing, join and pay online at ConwayChamber.org/join

COMPANY & REPRESENTATIVE INFORMATION

Business Name: _____ Number of Employees: _____

Name of Individual Submitting Membership Record: _____

Prefix: _____ Primary Contact Name: _____

Position/Title: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Same as physical address

Business Number: _____ Preferred Contact Number: _____ Fax: _____

Preferred Email: _____ Website: _____

As the Conway community becomes increasingly more diverse, our organizations want to ensure this growth is reflected to the community and obtain a better understanding of minority-owned and disadvantaged businesses. We also occasionally receive requests from companies desiring to do business with a minority-owned and/or disadvantaged business. This information will help in our referral process.

According to the federal government, a minority-owned business is identified as 51% owned by African Americans, Asian Americans, Hispanic Americans, Native Americans, or Pacific Islanders.

Select the ethnicity of the principal owners:

- African American
 Hispanic American
 Pacific Islander
 Asian American
 Native American

According to the federal government, a disadvantaged business is identified as 51% owned by service-disabled individuals, veterans, or women.

Select the category of the principal owners:

- Service-disabled owned
 Veteran owned
 Women owned

BILLING INFORMATION

Contact for Billing: _____

The billing contact will receive all invoices generated through the Chamber, CDC, and/or CDP (i.e.: member renewal invoice).

Preferred Contact Number: _____

Preferred Email: _____

Select your method of payment

- Check
*Make payable to Conway Area Chamber of Commerce
 Mail to: 900 Oak Street | Conway, AR 72032*

Credit Card:

- Visa
 MasterCard
 American Express
 Discover

Card Number: _____ Security Code: _____ Expiration Date: _____ Zip Code: _____

Name on Card (please print): _____

Authorized Signature: _____ Date: _____

MEMBERSHIP INVESTMENT



CONWAY AREA CHAMBER OF COMMERCE

The Conway Area Chamber of Commerce leads our community toward sustainable economic growth, advocates a pro-business climate for our members, builds upon Conway's educational foundations, and establishes and executes the community's vision. The annual investment is determined by the average number of full-time equivalent employees.

CATEGORY	ANNUAL INVESTMENT
Nonprofit	\$250
1 to 10	\$300
11 to 20	\$380
21 to 30	\$430
31 to 60	\$500
61 to 100	\$600
101 to 200	\$725
201 to 300	\$900
301 to 500	\$1,100
500+	\$1,050 plus \$1.00 per employee over 500
Financial Institutions	\$500 plus \$20 per million in deposits (\$1,000 minimum; \$6,500 maximum)
Hotels and Motels	\$235 base with \$2.50 per unit
Utilities/Hospitals/Education	Negotiated

CONWAY DEVELOPMENT CORPORATION

The Conway Development Corporation attracts jobs, retains businesses, and generates economic development in Conway and Faulkner County.

VOTING MEMBERS	ANNUAL INVESTMENT
One Voting Member	\$1,000
Three Voting Members	\$2,500
Five Voting Members	\$5,000

CONWAY DOWNTOWN PARTNERSHIP

The Conway Downtown Partnership is an economic development organization focused on the promotion, planning, and maintenance of an improved downtown Conway.

MEMBERSHIP LEVEL	ANNUAL INVESTMENT
Renaissance	\$5,000
Visionary	\$2,500
Champion	\$1,000
Advocate	\$500
Neighbor	\$250

I'M READY TO JOIN

My business is ready to make a difference (check all that apply):

- Conway Area Chamber of Commerce Investment Level: \$ _____
- Conway Development Corporation Investment Level: \$ _____
- Conway Downtown Partnership Investment Level: \$ _____
- Total Investment:** \$ _____