



MEMBERSHIP INVESTMENT APPLICATION

Company/Organization: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____

Courtesy Contact: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Type of Business: _____

Number of Employees: _____

Full Time: _____ Part Time: _____

Membership Investment: _____

Preference for Billing: ANNUAL OR SEMI-ANNUAL

Signature: _____

Mission Statement Return Form and Payment to:

The mission of the **Juniata Valley Area Chamber of Commerce** is to **Lead, Promote, Represent, Support** and **Attain Economic Growth** and **Prosperity** for the Communities of Mifflin and Juniata Counties, *on behalf of it's membership.*

Make checks payable to "JVACC"
Address: Historic Courthouse
 One West Market Street
 Lewistown, PA 17044
For more information:
 Phone: 717.248.6713
 Email: info@juniatarivervalley.org
www.juniatarivervalley.org

MEMBERSHIP INVESTMENT STRUCTURE

Number of Full Time Equivalent Employees (part time are considered 1/2 when calculating)	Rate
1-5	\$ 110.00
6-10	170.00
11-25	270.00
26-50	310.00
51-75	360.00
76-100	420.00
101-150	470.00
151-200	520.00
201-250	570.00
251-300	635.00
301-350	685.00
351-400	735.00
401-450	785.00
451-500	835.00
501-600	885.00
601-700	995.00
701-800	1095.00
801-900	1195.00
901 & Over	1295.00
Retired Individual Membership	50.00
Non-Profit/Religious Organizations	90.00
Business Association or Co-op	185.00
Municipalities (by population)	75.00/150.00/225.00
County Government	1000.00
Industrial Development Corporations	520.00
Financial Institutions	12/million of deposits
School District	250.00