



Membership

Consider Joining Our Membership

PO Box 2346, Orofino, ID 83544

208-476-4335 6cdirector@gmail.com

<https://clearwatercountyadventures.com>

MEMBERSHIP AGREEMENT

FAIR SHARE INVESTMENT SCHEDULE

The following schedule is based upon the number of persons employed on a **full time** basis including Owner(s), Principal(s), Partner(s), and Manager(s).

Schedule I

Service, Retail, Wholesale, Manufacturing, Transportation, Construction, Hospitality, Health Service, Communication and Government.

Employee Base

0-1	\$100.00 (minimum)
2-10	\$175.00
11-20	\$250.00
21-30	\$400.00
31-40	\$500.00
41+	\$700.00

Schedule II

Non-profit/Individual \$50.00
Clergy

MEMBERSHIP APPLICATION

Please accept our business/organization as a member of the Clearwater County Chamber of Commerce and list us in the Membership Directory as follows:

Firm Name: _____

Owner/Manager: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Website Address: _____

Business Description: _____

Number of employee base: _____

Membership Category : Schedule I or Schedule II

It is understood that our annual renewal to the Clearwater Chamber of Commerce is \$_____

If application is past 6 months, fee is prorated at 1/2

Date of Application : _____

I understand that I will be billed for renewal due January 1, every year as a member.

Signed: _____

Office Use Only:

Amount Paid: _____ Date Paid: _____ Full PMT : _____

Date added to Directory : _____ Date added to membership emails: _____