



FARRAGUT
WEST KNOX
CHAMBER of
COMMERCE

Application for Membership

Mission Statement

*...to strengthen and support our community
by promoting business growth and economic development*

Thank you for your investment *in* and support *of the* community where you do business!
We welcome you and look forward to having you become involved in our Chamber.

Company _____
 Contact _____
 Title _____
 Address _____ Suite _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

This Section for Chamber office use only.

A _____ F _____
 L _____ P _____
 N _____ S _____
 ID _____ PD _____

Please list 15 words or less you would include for a Google-type search of your business to be used on our website.

Email- _____ **Publish – Yes or No**

*** This email will be published in our Lifestyle magazine. If you would prefer that the email be only for Chamber notifications, please circle **No** above.*

Website - _____

Billing Address (if different from above)- _____

City - _____ State- _____ Zip - _____

Number of Employees/Associates _____
Annual Membership Investment - \$ _____
One time application fee - \$25.00 _____
Total amount enclosed - \$ _____

Date - _____
 Referred by - _____

Please return to the Chamber office:

11826 Kingston Pike, Suite 110
 Knoxville, TN 37934

(865)675-7057 Phone
 (865)671-2409 Fax
info@farragutchamber.com

Dues Structure

Membership is based on the number of employees you have working including the business owner.

1-5 Employees	\$175	36-50 Employees	\$335
6-10 Employees	\$185	51-100 Employees	\$475
11-15 Employees	\$240	101-300 Employees	\$495
16-20 Employees	\$290	301-500 Employees	\$525
21-35 Employees	\$310	500+ Employees	\$550