

APPLICATION: ALABAMA ACCREDITED CHAMBER PROGRAM

(For US Chamber of Commerce Accredited Chambers Only)

CHAMBER OF COMMERCE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

FAX

E-MAIL

WEB SITE

CONTACT

TITLE

Supporting Information

Paid Full-time Executive:

Yes

No

Number of Employees on Staff:

Full Time

Part Time

Office Space:

Own

Rent

Approx. Sq. Footage

Population of area served:

Geographic description of area served:

Total Annual Operating Budget:

\$

Average dues per member

\$

Dues Schedule:

\$ _____ Min

\$ _____ Max (attach copy)

Number of paying members

Companies _____

Other _____

Chief Board Officer Signature: _____ Date: _____

Chief Staff Executive Signature: _____ Date: _____

Payment

All fees must accompany the application. The application fee for accredited chambers is **\$100 for Alabama Chambers members** in good standing. Please include documentation of your U.S. Chamber accreditation with this application. Application deadline is **March 29, 2024**.

_____ Check enclosed for \$100. Please make payable to Chamber of Commerce Association of Alabama.
Mail to: Alabama Chambers PO Box 1404 Wetumpka, AL 36092