

APPLICATION: ALABAMA ACCREDITED CHAMBER PROGRAM

(For US Chamber of Commerce Accredited Chambers Only)

CHAMBER OF COMMERCE

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: \$ _____

Dues Schedule: Attach Copy

Number of paying members Companies _____ Individuals/Honorary _____

Number of Board Members Voting _____ Ex Officio _____

Revenue Sources (by percentage):

Membership Dues _____

Non- Dues Revenue _____

Public Funds _____

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 7, 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