

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 _____

Does your chamber have a 501c3 foundation? Yes No

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 27, 2026.**

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