



Mount Olive Area Chamber of Commerce

Membership Application

123 N. Center Street, Mount Olive, NC 28365

Phone: (919) 658-3113 | Fax: (866) 228-3235

moachamber1930@gmail.com

www.moachamber.com

YOUR BUSINESS

Name of Business: _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Company Website URL: _____ Type of Business: _____

YOUR CONTACT INFORMATION

Primary Contact: _____ Title: _____

Email Address: _____ Phone: _____

Other employees to be placed on the Chamber email list:

Name

Title

Email Address

YOUR 2025 CHAMBER INVESTMENT

Chamber Dues Structure: *Please circle the appropriate level*

Business Type	Number of Employees	Annual Investment
Individual		\$75
Church & Nonprofit		\$105
Business	1	\$175
	2-5	\$210
	6-9	\$270
	10-13	\$335
	14-35	\$465
	36-52	\$525
	53-100	\$590
	101-150	\$655
	151-205	\$750
	206-255	\$815
	256-350	\$875
	350 & over	\$940

My Annual Investment: _____

One-time administration fee of \$20: _____

Total: _____

Authorized Signature

MAKE CHECKS PAYABLE TO:

Mount Olive Area Chamber of Commerce

Your investment is tax deductible as a business expense