



MEMBERSHIP APPLICATION

Company Name _____

Contact _____ Title/Position _____

Mailing Address _____ Suite # _____

City _____ State _____ Zip Code _____ Website _____

Email _____ Phone () _____ Fax () _____

Business Type

Sole Proprietorship Partnership LLC Corporation Non-Profit

Business Category

Retail Service Advertising Construction Maintenance

Catering Legal Cosmetology Other, Describe _____

Year Established _____ # of Employees _____ Minority-Owned Certification yes no

Annual Membership Dues

Individual Membership (Non-business owner)	\$ 100.00
Non-profit Membership	\$ 125.00
Business Membership (One to 50 Employees)	\$ 250.00
Business Membership (51 to 100 Employees)	\$ 500.00
Government Agencies	\$ 1,000.00
Corporate Members	\$ 2,500.00

Please print and mail completed form to:
The Beaufort County Black Chamber of Commerce
Post Office Box 754
Beaufort, South Carolina 29901
(843) 986-1102
www.bcbcc.org