St Albans
AREA CHAMBER OF COMMERCE

2026

Membership Application

Name of Applicant	**Website:**
Name of Company / Organization	**Facebook:**
Company / Organization Mailing Address	**Office phone:**
	Cell phone:
	Email:

# of Full-Time Employees ____ + (plus) ½ of the # of Part-Time Employees____ = (equals) ____Total Employees

Based on the chart, my Membership Category is # ___, and annual dues for all membership benefits are $ _____

	2024 Membership Dues
#1 - Individual Citizen Support	$ 65 per year
#2 - Small Business with no employees	$ 95 per year
#3 - Church, Government, School, Non-profit	$ 190 per year
#4 - Established Business with 1 to 3 employees	$ 250 per year
#5 - Established Business with 4 to 20 employees	$ 375 per year
#6 - Established Business with 21 to 40 employees	$ 625 per year
#7 - Established Business with 41 to 75 employees	$ 875 per year
#8 - Business with more than 75 employees	$ 1,250 per year

Your dues may be tax-deductible. Please consult your tax preparer. Federal EIN 55-0712871

___ I choose to make payments on total amount due of $_____ with ____ payments of $_____

___ I choose to pay my dues in full with a total amount paid of $_____

Your signature _____ **Today's date**_____

Payment: **St. Albans Area Chamber of Commerce**
PO BOX 675
ST. ALBANS WV 25177

Phone: 304-727-7251
Website: MYSAWV.com
Facebook: St. Albans Chamber
Email: chamber@mysawv.com

Pay Online!
MYSAWV.COM/STORE