

Scottsville Community Chamber of Commerce  
PO Box 11, Scottsville, VA 24590

**MEMBERSHIP FORM**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Address (If Different): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**DUES SCHEDULE**

Student:	\$20	1-2 Employees:	\$60
Individual:	\$40	3-10 Employees:	\$80
Non-Profit:	\$50	11-19 Employees:	\$100
Self Employed:	\$50	20+ Employees:	\$150

**Pay via PayPal (preferred)**  
**[scccpresident@gmail.com](mailto:scccpresident@gmail.com)**

**Enclose check and mail to:**  
**SCCC, PO Box 11, Scottsville, VA 24590**