

ChattanoogaCounselor.com, Inc.
Organization or Ministry Application

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Web URL: _____

Contact Person: _____

Type of Organization (check all that apply)

- Mental Health Church Ministry Social Service
 Awareness/Education Youth/Mentoring Marriage and Family
 Treatment Center Foster Care/Adoption Crisis
 Faith-based organization Other:

Mission/Vision Statement:

We would like to get to know you better! Write whatever you'd like about your organization, ie: programs, retreats, seminars, goals, success stories, etc. (50-200 words)

___ \$25 one time design and set-up fee

___ I would like to pay annually the amount of \$ 330.00 (savings of \$30 payable upon acceptance)

___ I would like to pay monthly (\$30) Please debit my account (form is attached)

For office use only:

How did you hear about us? News Radio TV Friend

Date: Annual payment received: _____ Renewal Date: _____

Design and Set- Up Fee received: _____

Debiting form complete and attached if applicable: _____

Website Agreement complete and attached: _____

Notes:

ChattanoogaCounselor.com, Inc.
Website Agreement

I, _____, a representative of
_____ (organization) agree to advertise on the website,
www.chattanoogacounselor.com. I attest that all information provided on this application is true. I thereby, by my signature, give permission to Chattanooga Counselor.com, Inc. to use my information for the organization to be posted on the internet.

I understand that I am to pay a monthly/annual amount of \$30/\$330 membership fees and that it is a form of advertisement. I give permission for this information to be posted on the Internet in the form of a pop-out page. I have also attached our application. Our one-time template design and set-up fee of \$25 is also enclosed.

Signed: _____, Organization or Ministry

Signed: _____, Representative of Chattanooga
Counselor.com, Inc.

PO Box 2501 Chattanooga, Tennessee 37409 - 423-505-8365 - chattcounselor@bellsouth.net

Name of the Responsible Party for Monthly Charge:

Authorization for Automated Debit Entries

I (we) hereby authorize **ChattanoogaCounselor.com, Inc.**, hereinafter called COMPANY, to initiate electronic **debit** entries to my (our) [] Checking [] Savings account (select one) indicated below and the Financial Institution named below to debit same to such account.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

This reoccurring/non-reoccurring transaction is to begin on _____ (date) and occur _____ (frequency and/or dates) thereafter in the amount of \$_____.

This authority is to remain in full force and effect until COMPANY has received written notification 30 days from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S): _____ DATE: _____

SIGNED: _____

ChattanoogaCounselor.com, Inc.
PO Box 2501
Chattanooga, Tennessee 37409
423-505-8365

PRICE LIST Chattanooga Counselor.com

ONE TIME SET UP FEE	\$25.00 one time
INDIVIDUAL	\$15.00 per month
BUSINESS BUTTON	\$20.00 per month
GROUP	\$25.00 per month
ORGANIZATION	\$30.00 per month

*All applicable taxes are included. Payment is for a pop-out page (or a business button link) on the site that includes a photograph/logo, link, and information about your practice, business, or ministry. Payments can be debited through Tennessee Valley Federal Credit Union or made in annual lump sums. Feel free to call us to work out a plan that works best for you and your organization.