

BUSINESS INFORMATION (Note: What you fill in below, in this first block, is what will appear in both in print & online directories.)

BUSINESS NAME: _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE: _____ **FAX:** _____

WEBSITE: _____ **COMPANY EMAIL:** _____
FOR PUBLIC DISPLAY ONLINE & PRINT

NUMBER OF EMPLOYEES: FT _____ **PT** _____ **YEAR BUSINESS STARTED:** _____

TYPE OF BUSINESS/CATEGORY: _____ **KEYWORDS:** _____
WHAT CATEGORY WILL MEMBERS FIND YOU UNDER? SEARCH WORDS MEMBERS SHOULD USE TO FIND YOU ON THE CHAMBER SITE

For Chamber Staff Use Only - not published.

PRIMARY CONTACT: _____ **TITLE:** _____ **EMAIL:** _____

ADDITIONAL CONTACT: _____ **EMAIL:** _____

ACCOUNTS PAYABLE CONTACT: _____ **EMAIL:** _____

MEMBERSHIP DUES

	YEARLY	MONTHLY
NON PROFIT 501(c) 3/4 <small>UP TO 50 EMPLOYEES</small>	\$240	\$22.08
SOLE PROPRIETOR	\$250	\$22.92

CORPORATE MEMBERSHIP BUSINESS SIZE:

BUSINESS SIZE:	YEARLY	MONTHLY
1 - 10	\$305	\$27.50
11 - 25	\$365	\$32.50
26 - 50	\$440	\$38.75
51 - 100	\$585	\$50.83
101 - 200	\$715	\$61.66
201 - 300	\$860	\$73.75
301 - 400	\$980	\$83.75
401 - 500	\$1140	\$97.08

OVER 500 - PLEASE CALL US FOR YOUR INVESTMENT

YOUR ANNUAL INVESTMENT

MEMBERSHIP DUES: _____
ADMINISTRATIVE FEE: + \$25.00

TOTAL: _____

PAYMENT OPTIONS:

- CHECK ENCLOSED MONTHLY CREDIT CARD DRAFT*
 FULL ANNUAL MEMBERSHIP VIA CREDIT CARD

CARD #: _____

EXP. CARD: _____ **CVV:** _____

NAME ON CARD: _____

SIGNATURE: _____

*I COMMIT TO ONE YEAR MEMBERSHIP. THE MEMBERSHIP INVESTMENT WILL BE DIVIDED INTO 12 MONTHLY INSTALLMENTS AND DRAFTED FROM THE CREDIT CARD ABOVE.

HAS ANY CHAMBER STAFF OR CURRENT MEMBER INFORMED YOU ABOUT MEMBERSHIP? IF SO, WHO WAS IT?

BILLING ADDRESS: _____
IF NOT SAME AS ABOVE

- I AM INTERESTED IN HOSTING AN EVENT AT MY PLACE OF BUSINESS
- I AM INTERESTED IN LEARNING MORE ABOUT ADVERTISING WITH THE CHAMBER
- I AM INTERESTED IN LEARNING MORE ABOUT SPONSORSHIP OPPORTUNITIES WITH THE CHAMBER
- I UNDERSTAND THAT THE NEXT MEMBERSHIP ORIENTATION IS ENOURAGED AND I AM ENROLLED TO ATTEND AUTOMATICALLY.

**PLEASE FILL OUT AND RETURN TO
BRITTANY CARTER AT
BRITTANYC@DELCOCHAMBER.ORG
FAX 484-472-7809
OR MAIL TO THE ADDRESS BELOW.**