

Application Date: _____



DELAWARE AREA
CHAMBER OF COMMERCE

membership application


Thank you for your interest in Chamber membership!
Please fill out the following application and contact us with any questions.

General Information

Company name:			
Primary phone:		Fax:	
Website:			
Company email:			
Physical address:			
<input type="checkbox"/> Use physical address as mailing address	City:	State:	Zip:
Mailing address:			
	City:	State:	Zip:
The Chamber categorizes businesses by industry type on our website and in our printed directory. You may select up to three business categories. Category may be modified by Chamber staff for industry consistency. Click here for a list of available categories.			
Requested categories:	1.	2.	3.

Representative Information

Our newsletter and Chamber updates are sent via email. We encourage you to include key members of your staff to receive information. Please include email addresses, which are never distributed and are for Chamber use only.			
No. of full-time employees:	No. of part-time employees:	<i>Used for internal purposes only and never shared.</i>	
Primary Contact			
Name:			
Title:		Email:	
Phone:		ext:	Cell phone:
Billing Contact			
<i>All billing information is communicated via email.</i>			
Name:			
Title:	Phone:	ext:	Cell phone:
Billing address:			
<input type="checkbox"/> Use physical address as billing address	City:	State:	Zip:
<input type="checkbox"/> Use mailing address as billing address			
Billing email:			
Marketing Contact			
<i>All marketing information is communicated via email.</i>			
Name:			
Title:	Phone:	ext:	Cell phone:
Marketing email:			
Additional contact			
<i>Will only receive event invitations & monthly newsletter (use additional sheet if necessary)</i>			
Full name:			
Title:	Phone:	ext:	Cell phone:
Email:			

Web	
Your membership includes a free listing on our website. After your membership is activated, please logon to your account at ChamberMaster and fill in the optional information, including Facebook, LinkedIn, hours of operation, etc.	
Membership Investment	
Business Membership The business member classification is comprised of all businesses, government, and not-for-profit corporations. Chamber membership is capped at \$2,000 for large businesses. Membership rates are guaranteed for one year from join date and are not refundable. \$260 + \$4 per full-time employee + \$2 per part-time employee annually	\$260
+ \$4 per full-time employee	\$ _____
+ \$2 per part-time employee	\$ _____
Take your membership to the next level with these optional sustaining packages! Sustaining packages are purchased in addition to the regular membership investment. Package rates are guaranteed for one year from join date and are not refundable	
Gold Level \$3000 Recognized for 12 months as Gold Level on Chamber website, newsletter, letterhead, and event programs. \$2000 applied to your choice of sponsorship and/or advertising opportunities	<input type="checkbox"/> Gold: \$3000
Silver Level \$2000 Recognized for 12 months as Silver Level on Chamber website, newsletter, letterhead, and event programs. \$1000 applied to your choice of sponsorship and/or advertising opportunities	<input type="checkbox"/> Silver: \$2000
Bronze Level \$1000 Recognized for 12 months as Bronze Level in Chamber newsletter and event programs. \$500 applied to your choice of sponsorship and/or advertising opportunities	<input type="checkbox"/> Bronze: \$1000
Total investment:	\$ _____
Payment methods	
	
<input type="checkbox"/> Yes! Sign me up for free & convenient Auto Pay <input type="checkbox"/> No, please contact me for alternative methods of payment	
Referral	
<input type="checkbox"/> I was referred by an existing Chamber member	
Business name:	
Contact name:	
Signature	
I hereby apply for membership in the Delaware Area Chamber of Commerce and agree to pay the current applicable membership dues. I understand my membership will not start until the Chamber receives and processes my payment.	
Signature:	Date:

- For office use only:
- ChamberMaster
 - Welcome letters
 - Hot deal communication





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CHAMBER OF COMMERCE

Automatic Recurring Payment Authorization Form

Please complete and sign the following form and email, fax, or mail to the office.

Billing Information

Company name _____

First name _____ Last name _____

Address _____

Phone _____

Email _____

Payment Information

I authorize the Delaware Area Chamber of Commerce to automatically bill the account/card listed below as specified:

Frequency: Annually Quarterly Monthly

Start date ___/___/___ Use next payment due date

Signature _____ Date _____

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For security purposes, once the transaction is processed this portion will be cut off and shredded.
This information is never shared with or sold to any third parties.

Account Information

Bank account

Bank name _____

Name on account _____

Account number _____

Routing number _____

Credit Card

Company name _____
(if applicable; as shown on card)

Name on card _____
(if applicable; as shown on card)

Card number _____

Expiration date _____

