



MEMBERSHIP APPLICATION

Please print and complete entire application
or online at www.capemaycountychamber.com/join

Business Name: _____

Primary Contact: _____ Title: _____

Email: _____

Physical Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address (if different): _____

City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____

Web Address: _____

Additional Contact: _____ Email: _____

Type of Business: Category: _____

Number of Full-Time Employees: _____ Part-Time Employees: _____ Years in Business: _____

How did you hear about the CMC Chamber? Chamber Office **Referred By:** _____
 Chamber Web site Chamber Staff: _____
 Other: _____

Why did you decide to join the Chamber? Networking Opportunities Educational Programs
 Tourism Promotion Visibility & Exposure
 Business Advocacy

Are you interested in Chamber marketing opportunities? Print
 Digital

MEMBERSHIP LEVELS

Minimum Dues:

Includes: small, privately owned and operated businesses with one location.

- Basic Membership.....\$450 (Additional locations - \$225 each)
- Meeting Pass Membership...\$650 (Conference room use - 4 sessions)
- Solopreneurs.....\$199 (A business owner who sets up, works & runs their business alone)
- Non-Profits.....\$199 (A 501c3 organization)
- Retired Membership.....\$50.00 (Former member now retired; membership only; excluded from voting)
- Honorary Membership.....N/C (Exempt from paying dues; excluded from voting or holding office)
- Student Membership.....N/C (Only for students in 9th Grade to College Senior; exempt from paying dues; excluded from voting or holding office)

Graduated Dues:

Applies to: Large private businesses, Partnerships, Corporations, National Franchises, Government Offices, Utilities.

- Basic Membership \$450
- Meeting Pass Membership Add \$200 (Conference room use - 4 sessions)
- Additional Locations Add \$225

Dues Payment: Check #: _____ Visa _____ MasterCard _____ Amex _____

Card #: _____ Exp. Date: _____

Credit Card Security Code: _____ Billing Address Zip Code: _____

Authorized Signature: _____ Date: _____