



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 \$500
- ☐ 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: _____