



MEMBERSHIP APPLICATION

Please print and complete entire application

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 Business Credibility
 Marketing Services Member Discounts

MEMBERSHIP LEVELS

Minimum Dues:

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

- Basic Membership \$355
- With Enhanced Web Site Listing \$445 (Save \$20) *see reverse side for details*
- Premium Web Site Sponsor \$550 (Save \$35) *see reverse side for details*
- Additional Locations \$225

→ See reverse side for description of Enhanced & Premium Web site Listings

Graduated Dues:

Applies to: Larger private businesses, Partnerships, Corporations, National Franchises, Government Offices, Utilities. Please call (609) 465-7181 for a dues quote.

- Basic Membership \$ _____
- With Enhanced Web Site Listing (Save \$20)
- With Premium Web Site Listing (Save \$35)
- Additional Locations \$225

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

Card #: _____ Exp. Date: _____

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

Authorized Signature: _____ Date: _____