



New  Renewal  Additional Location  Additional Representative

Company/Organization: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll-Free Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Company E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Business Type: \_\_\_ Corporation \_\_\_ Franchise \_\_\_ Home-Based Business \_\_\_ Individual \_\_\_ Government  
\_\_\_ Locally Owned \_\_\_ Not For Profit \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ LLC

Description of Business: \_\_\_\_\_

Marketing Categories- Please list 1 main category and up to 2 additional sub-categories:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### YOUR MEMBERSHIP EXPECTATIONS

Please indicate the main reasons you are joining the Chamber of Commerce:

- Increase revenue
- Expand visibility
- Obtain cost-effective small business programs & benefits
- Enhance credibility & corporate identity
- Gain access to the movers & shakers of the area
- Give back to the community
- Have a voice in local, state & federal government issues
- Improve the current & future workforce of Aberdeen
- Be featured on the Chamber web site, www.aberdeen-chamber.com
- Be listed in the Chamber's *Membership Directory and Resource Guide*.
- Other: \_\_\_\_\_

*"I understand that by providing the fax and/or email numbers in this application for the business or organization represented, I am authorizing and hereby consent to receive faxes and/or emails on behalf of the Aberdeen Area Chamber of Commerce and its membership."*

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chamber Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**MEMBERSHIP INVESTMENT**

- Construction/Home Improvement: \$315.00 Base + Number of Full Time Employees \_\_\_\_X \$10 \$ \_\_\_\_\_.
- Financial Institutions: Million Dollars of Deposits \_\_\_\_\_X \$50.00 (\$500.00 minimum) \$ \_\_\_\_\_.
- Hotel/Motels/Apartments/Assisted Living:
  - No Convention Facilities: \$315.00 (includes 10 rooms) + number of additional rooms \_\_\_\_ X \$15 \$ \_\_\_\_\_.
  - With Convention Facilities: \$315.00 (includes 10 rooms) + number of additional rooms \_\_\_\_X \$25
- Professional: (*\$315 includes 1 Licensed Professional and Office Staff*)
  - \*Attorney, Architect, Engineer, Funeral Home, Healthcare Professionals: \$315.00+ Number of Additional Licensed Individuals \_\_\_\_\_ X \$50
  - \*Insurance, Realtor, CPA, Stylists: \$315.00 + Number of Additional Licensed Individuals \_\_\_\_\_ X \$25 \$ \_\_\_\_\_.
- Manufacturers, Processors, Industrial-based: \$390.00 + Number of Employees \_\_\_\_ X \$15 \$ \_\_\_\_\_.
- Educational Institutions: \$315.00 + Number of Faculty Members\_\_\_\_\_ X \$10 \$ \_\_\_\_\_.
- Government, Farm/Ranch Enterprises, Home-Based or Regional Business: \$315 \$ \_\_\_\_\_.
- Individual (not listed with any business or organization): \$100.00 \$ \_\_\_\_\_.
- Non Profit (501 C3): \$185.00 \$ \_\_\_\_\_.
- Hospitals, Media, Utilities, Transportation, Post-Secondary Educational Institutions: Board Disc. \$ \_\_\_\_\_.
- Retail, Automotive, Printers, Restaurants, Service, Grocery/Convenience, Wholesale, and Agri-Business Point System (See Rate Page) \$ \_\_\_\_\_.

**ONE TIME PROCESSING FEE: \$ 25.00**

**ADDITIONAL OPPORTUNITIES**

- Membership Database \$40.00 \$ \_\_\_\_\_
- Relocation Packets: Put information about your business into these packets — **FREE** **FREE**
- Business After Hours: New Member Table — **FREE** **FREE**

**TOTAL MEMBERSHIP INVESTMENT:** \$ \_\_\_\_\_

**PAYMENT OPTIONS**

- Credit Card:** \_\_\_Master Card \_\_\_Visa \_\_\_Discover  
 Name on Card \_\_\_\_\_ Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ 3 Digit code: \_Signature: \_\_\_\_\_
- Bill Me**
- Check #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

*Your membership investment is deductible as a business expense. Please contact your tax attorney for details.*

**FOR OFFICE USE ONLY**

Chamber Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Finance Manager \_\_\_\_\_ Date: \_\_\_\_\_