



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:** \$325.00 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: \$325.00 (includes 10 rooms) + number of additional rooms ____ X \$15 \$ _____.
 - With Convention Facilities: \$325.00 (includes 10 rooms) + number of additional rooms ____ X \$25 \$ _____.
- Professional:** (*\$325 includes 1 Licensed Professional and Office Staff*)
 - *Attorney, Architect, Engineer, Funeral Home, Healthcare Professionals:** \$325.00+ Number of Additional Licensed Individuals _____ X \$50 \$ _____.
 - *Insurance, Realtor, CPA, Stylists:** \$325.00 + Number of Additional Licensed Individuals _____ X \$25 \$ _____.
- Manufacturers, Processors, Industrial-based:** \$410.00 + Number of Employees ____ X \$10 \$ _____.
- Educational Institutions:** \$325.00 + Number of Faculty Members ____ X \$10 \$ _____.
- Government, Farm/Ranch Enterprises, Home-Based or Regional Business:** \$325 \$ _____.
- Individual** (retired professional not affiliated with business or organization): \$100.00 \$ _____.
- Non Profit (501 C3):** \$195.00 \$ _____.
- 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: _____