



2023 Membership Application

Suite 413, Marianas Business Plaza - P.O. BOX 500806 Saipan MP, 96950 – PH: (670) 234-7150 – FAX: (670) 234-7151

Please fill out your category to the best of your ability.

COMPANY INFORMATION Year of Initial Membership: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

Website: _____

Company Phone: _____ Email: _____

Industry: _____

Brief Company Description: _____

COMPANY PRIMARY CONTACT

Contact Name: _____

Email: _____ Phone: _____

ANNUAL MEMBERSHIP DUES / 2023

Category selection is determined by the gross income as reported on the company's 2022 BGRT. All annual gross income information is confidential and will not be shared.

- _____ Cat. A (Under \$250K).....\$300
- _____ Cat. B (Under \$600K).....\$500
- _____ Cat. C (\$600K - \$1M)..... \$1,000
- _____ Cat. D (\$1M - \$5M)..... \$2,000
- _____ Cat E (Over \$5M +)..... \$3,000
- _____ **Non- Profits** \$300
- _____ **Government** \$300
- _____ **Associates (Individuals)** \$300
- _____ **Start-up Business**..... \$0

For businesses operating less than one (1) year. Business start date is reflected on CNMI-stamped Articles of Incorporation or business license date for Sole Proprietorship.

Member Representative(s)

Cat. A, Gov., Non- Profit, Start-up, Assoc. (1 Rep) Cat. B (2 Reps) Cat. C (3 Reps) Cat. D (4 Reps) Cat. E (5 Reps)

Rep 1: Name _____ Email _____ Tel. # _____

Rep 2: Name _____ Email _____ Tel. # _____

Rep 3: Name _____ Email _____ Tel. # _____

Rep 4: Name _____ Email _____ Tel. # _____

Rep 5: Name _____ Email _____ Tel. # _____

All listed Representatives will have access to your company's online Chamber Portal!

ACCOUNTABILITY FORM



PLEASE REMIT ALL 2023 MEMBERSHIP DUES PAYMENT BY FEBRUARY 4, 2023.

Payments can be made 1) by mailing a check to P.O. Box 500806 CK, Saipan, MP 96950, 2) over the phone by credit card 3) direct deposit through First Hawaiian Bank or (4) visit the Saipan Chamber of Commerce Office at the Marianas Business Plaza in Susupe, 4th Floor - Suite 413.

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Promise of Timely Payment

_____ (Name of Business/Establishment) promises to pay to the order of the Saipan Chamber of Commerce all invoices within 30 days of invoice issue date.

I, _____ (Main Contact's Name), as representative of _____ (Name of Business/Establishment), understand that by not making timely payments on invoices, my business/establishment will be subject to the collection attempts as designated in the Saipan Chamber of Commerce by-laws, which as of 6/19/19, include the following:

“Collection attempts with amounts due to the Chamber shall follow the following policy:

- *After thirty (30) days, a notice of late amounts due will be sent to the member.*
- *After sixty (60) days, a final notice of amounts due will be sent to the member.*
- *After ninety (90) days, the Board of Directors shall vote to determine expulsion of the member for non- payment of dues.*
- *In the event of a delinquent account, and the Board votes to retain that member, full payment of all amounts due within 15 days of the Board vote is requirement of retaining membership. Members with delinquent accounts after such time shall automatically be dropped from membership.”*

I understand the above policies, and intend to remain in good standing by paying all invoices within 30 days of receipt.

Primary contact signature: _____ Date _____

BILLING INFORMATION:

Send Invoices to:

Contact Name: _____ Phone: _____

Email: _____

Category: _____ Amount: _____

BILLING OPTION:

Annual

Semi-Annual

Quarterly

A CURRENT BUSINESS LICENSE AND DUES PAYMENT MUST ACCOMPANY THIS APPLICATION. EACH MEMBERSHIP APPLIES TO ONE ENTITY ONLY.