



Company Membership Application

Date _____

Business Name: _____ Number of FT Employees: _____
 (2 PT = 1 FT)

Business Categories (2 selections from Chamber listing): _____

Address: _____ City, State, Zip Code: _____

Telephone: _____ FAX: _____ Website: _____

Contact Information: (*required)

Primary Company Representative*: _____ Title: _____ Email: _____

Other Representative: _____ Title: _____ Email: _____

How did you hear about the Chamber?: _____

Are you interested in joining a committee or council? : _____

I, the undersigned, apply for company membership in The Chamber of Commerce for Greater Montgomery County and agree to pay the annual membership based upon the schedule below. This company membership is non-transferable.

Signature Owner/Manager _____

Date _____

Annual Investment Schedule

Employees	Investment
1 - 5	\$330
6 - 10	\$360
11 - 25	\$470
26 - 50	\$525
51 - 100	\$605
101 - 200	\$660
201 - 500	\$1000
501 - 1000	\$1300
Over 1000	\$1650 plus \$0.50 per employee

Annual Investment:

Annual Membership \$ _____

Visionary Member Upgrade-\$150 \$ _____

Enrollment Administrative Fee \$ 35.00

TOTAL \$ _____

Payment Type:

Check made payable to: *The Chamber of Commerce for GMC*

Master Card Visa American Express Discover

Card Number: _____

Expiration Date: _____ Card Code: _____

Card Member Name: _____

Billing Address: _____

Education Institutions/Non-profit Hospitals: \$495

Nonprofit Charitable Organizations (501c3) and Government Agencies, Bureaus & Municipalities:
 \$100 less than schedule based on employee count

All Volunteer Non-profit/Unpaid Volunteers: \$230

Associate Member: \$165

Visionary Membership Benefits:

- Two free event tickets (value \$40 or less)
- Preferred seating at events (for all reps)
- Enhanced website positioning & increased webpage content
- Company recognition at Chamber events
- Free ad in one weekly events email

Return application to The Chamber Main Office by mail, email to wendy@chambergmc.org or fax to 267-613-8865.