

APPLICATION

YOUR EXPECTATIONS

We want to serve your needs. Please indicate the main reasons you are joining the Chamber of Commerce:

- | | |
|---|--|
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Give Back to the community |
| <input type="checkbox"/> Expand Networking Opportunities | <input type="checkbox"/> Have a voice in local, state & federal government on business issues |
| <input type="checkbox"/> Create Visibility | <input type="checkbox"/> Improve the current & future workforce for Aberdeen |
| <input type="checkbox"/> Obtain Cost-Effective Small Business Programs & Benefits | <input type="checkbox"/> Be featured on the Chamber web site, www.aberdeen-chamber.com |
| <input type="checkbox"/> Enhance Credibility & Corporate Identity | <input type="checkbox"/> Be listed in the Chamber's Membership Directory and Resource Guide. |
| <input type="checkbox"/> Gain Access to the Movers & Shakers of the Area | |
| <input type="checkbox"/> Other: _____ | |

MEMBERSHIP INFORMATION

- New Renewal Additional Location Additional Representative

Company/Organization: _____

Main Contact: _____

Title: _____ Email: _____

Street Address: _____

Telephone: _____ Fax: _____

Toll-Free Number: _____ Cellular Number _____

Company E-mail Address: _____ Web Address: _____

Business Type: ___ Corporation, ___ Franchise, ___ Government, ___ Home-Based Business, ___ Individual, ___ Locally Owned, ___ Not For Profit, ___ Partnership, ___ Sole Proprietorship

Business Information: Please list 1 main category and up to 2 additional sub-categories for directory and web site:1)

_____ 2) _____ 3) _____

Description of Business: _____

ADDITIONAL INFORMATION (IF APPLICABLE)

Alternate Mailing Address _____

City: _____ State: _____ Zip Code: _____

Alternate Billing Address: _____

City: _____ State: _____ Zip Code _____

TELL US MORE ABOUT YOU

What year was your business established? _____

Are you a home-based business? Yes No

How many employees do you have? _____ Full-Time

What is the biggest challenge facing your business?

What is the biggest challenge facing our community?

Have you noticed Chamber advertising in/on:

- Billboards
- Internet
- Newspaper
- Radio
- Television
- Other

MEMBERSHIP INVESTMENT

- Construction/Home Improvement:** \$225.00 Base + Number of full-time employees _____ X \$5.00 \$_____.
- Financial Institutions:** Million dollars of deposits _____ X \$35.00 (\$500.00 minimum) \$_____.
- Hotel/Motels/Apartments/Assisted Living:**
- Without Convention Facilities: \$225.00 base (includes 10 rooms) + number of additional rooms ____ X \$10.00 \$_____.
- With Convention Facilities: \$225.00 base (includes 10 rooms) + number of additional rooms ____ X 10.00 \$_____.
- Professional:**
- Attorney, Architect, Engineer, Funeral Home, Healthcare Professionals: \$225.00 base* + number of additional licensed individuals _____ X \$50.00 \$_____.
- Insurance, Realtor, CPA, Bookkeeper, Nursing Homes: \$225.00 base* + number of additional licensed individuals _____ X \$25.00 * Base includes 1 licensed professional and office staff \$_____.
- Manufacturers, Processors, Industrial-based businesses:** \$285.00 base + number of employees ____ X \$5.00 \$_____.
- Elementary & Secondary Educational Institutions:** \$225.00 base + number of faculty members ____ X \$1.00 \$_____.
- Individual** (not listed with any business or organization): \$60.00 \$_____.
- Government Agency, Non-profit agency, Home-based business, Out of town businesses:** \$225.00 \$_____.
- Hospitals, Media, Utilities, Transportation, Post-Secondary Educational Institutions:** Board Discretion \$_____.
- Retail, Automotive, Printers, Restaurants, Service, Grocery/Convenience, Wholesale, and Agri-Business** = Point System (See Rate Page) \$_____.

ADDITIONAL OPPORTUNITIES

- Membership mailing labels of all the members:** Number _____ X \$40.00 \$_____.
- Relocation Packets:** Put information about your business into these packets going to potential residents—FREE \$Free
- Business After Hours Host:** Showcase your business by hosting Business After Hours - \$500 (*Call the Chamber for available dates and more details*) \$_____.
- Business After Hours Sponsor:** Network with other Chamber members by sponsoring Business After Hours - \$250 (*Call the Chamber for available dates and more details*) \$_____.
- Annual Banquet Sponsor:** Approximately 500 attendees (\$600 and \$1,200 sponsorships available) \$_____.
- ABBY Banquet Sponsor:** Approximately 300 attendees (\$250, \$500 & \$1,000 sponsorships available) \$_____.
- Community Champions Awards Luncheon Sponsor:** Approximately 200 attendees (\$500 sponsorships) \$_____.
- Golf Tournament:** Team: \$400 Host: \$500 Sponsor: \$250 \$_____.
- One Time Processing Fee:** \$25.00
- TOTAL CHAMBER MEMBERSHIP INVESTMENT:** \$_____.

PAYMENT OPTIONS

- Credit Card** ___Master Card ___Visa ___Discover
- Name on Card _____
- Credit Card Number: _____
- Expiration Date: _____
- Signature: _____

Bill Me

- Check** Check # _____ Amount \$ _____

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

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

Signature: _____ Date: _____