



Membership Application

We are delighted that you are interested in joining the Chesapeake Gateway Chamber of Commerce. Being an active member is the best way to obtain the most value from your investment. We welcome your ideas and your support. Upon receiving your application and payment, we will send you a new member packet. Please print information on application. This form also is available online at www.chesapeakechamber.org.

Company Representative

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Title: _____

Company Name: _____ Years in Business: _____

Address (physical): _____

City: _____ State: _____ Zip+4: _____

Work Phone: _____ Cell: _____ (check here _____ if okay to publish cell number)

Fax: _____ Email: _____ Website: _____

Business (Yellow Page) Classification: _____

Description of your business: _____

Hours of operation: _____

Check all that apply:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Home-based | <input type="checkbox"/> Small Disadvantaged | <input type="checkbox"/> Disability-owned |
| <input type="checkbox"/> Branch | <input type="checkbox"/> Minority-owned | <input type="checkbox"/> Green Certified |
| <input type="checkbox"/> Headquarters | <input type="checkbox"/> Woman-owned | <input type="checkbox"/> Enterprise Zone |
| <input type="checkbox"/> 8(a) | <input type="checkbox"/> Veteran-owned | <input type="checkbox"/> Other _____ |

Do we have your permission to use the information listed above and your photo from participation in Chesapeake Gateway Chamber activities in affiliated publications, and on our website and social media pages? _____ Yes _____ No

By joining the Chesapeake Gateway Chamber, you are authorizing the Chamber to communicate with you via email regarding events, membership dues and other transactions to facilitate your membership benefits.

Preferred Method(s) of Communication:

Email _____ Chamber Website _____ Social Media _____ Mail _____ Phone _____ Fax _____

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Reasons for joining:

Networking Advocacy Training/Skill Building Publicity & Exposure
 Community/School Support Other (please explain) _____

How did you hear about us? Website Social Media Attended Event

Current Member (enter name here) _____

Other _____

One of the best ways to get the most from your membership is by joining a committee.

Please indicate your area(s) of interest:

Membership Programs Legislative Affairs Public Relations & Marketing

Membership Investment:

Dues cover one year from the date your application and payment are received.

<input type="checkbox"/> Individual (no company affiliation) - \$75	<input type="checkbox"/> 51-100 Employees - \$450
<input type="checkbox"/> Sole Proprietor - \$175	<input type="checkbox"/> 101-250 Employees - \$600
<input type="checkbox"/> 2-5 Employees - \$225	<input type="checkbox"/> 251-500 Employees - \$750
<input type="checkbox"/> 6-15 Employees - \$250	<input type="checkbox"/> 501+ Employees - \$900
<input type="checkbox"/> 16-30 Employees - \$275	<input type="checkbox"/> Non-Profit Organizations - \$150
<input type="checkbox"/> 31-50 Employees - \$300	

Please consider participating in our sponsorship program, which provides additional opportunities for visibility and support for the community and the Chamber. Contact me about these opportunities.

Billing Contact (if different from above): _____

Billing/Mailing Address (if different from above): _____

City: _____ State: _____ Zip+4: _____

Amount enclosed: _____ Method of Payment: Check enclosed

Charge to my: Visa MasterCard Discover American Express

Account #: _____ Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Address where credit card statement is received: _____

Signature: _____ Date: _____

Greenleigh at Crossroads
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