



Company Membership Application

Date _____

Company Name*: _____

Address: _____ City, State, Zip Code: _____

Phone: _____ Website: _____

Primary Company Rep*: _____ Title: _____ Email: _____

Other Rep: _____ Title: _____ Email: _____

How did you hear about the Chamber?: _____

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

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

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.

Date: _____

Signature Owner/Manager
(*required)

Annual Investment Schedule

Employees	Investment
1 - 5	\$350
6 - 10	\$395
11 - 25	\$515
26 - 50	\$575
51 - 100	\$665
101 - 200	\$725
201 - 500	\$1100
501 - 1000	\$1430
Over 1000	\$1800 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: \$545

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

All Volunteer Non-profit/Unpaid Volunteers: \$250

Associate Member: \$180—For Members to add an additional location or company to their Chamber membership.

Side Hustle Business: \$180—A start-up business owned by someone with a full time position at another company.

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 attended
- Free ad in one weekly events email

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