



# 2024-2025 BUSINESS MEMBERSHIP APPLICATION

This application, for your organization's membership in the Fairfield Chamber of Commerce, is subject to approval by the Board of Directors.

## BUSINESS INFORMATION

List information as you would like it to appear in the Chamber Directory

Company Name: \_\_\_\_\_

Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

General Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

General E-Mail for Directory: \_\_\_\_\_

Number of employees at this location: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Type of Business (Please describe): \_\_\_\_\_

Non-Profit Tax Status: Is business a 501(c)(3)? \_\_\_\_\_

Is your business Family-Owned?: \_\_\_\_\_ What year was business established?: \_\_\_\_\_

## CONTACT INFORMATION

Primary Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Address if different than above: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Contacts:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE "like" the Fairfield Chamber on Facebook and Instagram—I agree/Initials: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMBERSHIP DUES INFORMATION

Membership Dues (see side 2)	\$ _____	Optional:	Date received at Chamber office: _____
One-time Processing Fee for New Members	\$ <u>35.00</u>	• FELO Membership \$ _____	
Total Due Upon Signing	\$ _____	• Gift Card Program \$ _____	

*Payment must accompany completed application. Return to:*  
**Fairfield Chamber of Commerce**  
**200 Mill Plain Road, Fairfield, CT 06824**  
**Phone: 203.255.1011 Fax: 203.256.9990**  
**www.FairfieldCTChamber.com**

**Payment :**  Request Invoice  Check

Credit Card  Visa  Master Card  AMEX

Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC Code: \_\_\_\_\_



## Fairfield Chamber of Commerce 2024-2025 Member Fee Schedule

### 2024-2025 Annual Membership Fee Schedule

1	Owner + Employees	\$314
2-7	Owner + Employees	\$393
8-13	Owner + Employees	\$525
14-19	Owner + Employees	\$655
20-29	Owner + Employees	\$785
30-39	Owner + Employees	\$1,036
40-49	Owner + Employees	\$1,217
50-99	Owner + Employees	\$1,494
100+	Owner + Employees	\$2,357

#### Annual Membership Fee Calculation:

**Basic:** Your membership fee is based on the number of full-time employees, or part-time equivalents, on your company's payroll as of 7/1/2024... or when approved for membership, whichever is later.

**Real Estate Agent:** Any Real Estate agent acting as an independent contractor can join for the Associate rate of \$190. This is considered an "Associate" membership.

**Banks:** A bank's membership fee is calculated on the total number of branches within the town of Fairfield. The per branch fee is \$740.

#### Notes:

- New members pay the full amount to cover their first 12 months, and will be invoiced annually, on the joined Anniversary date.
- "Employee" is anyone who works for the business. Equivalent fulltime employees at 40 hours (e.g., two part-time employees working 20 hours each equals one full-time employee).
- The "voluntary" Technology Contribution fee, which is critical to keeping the Chamber running smoothly. It helps with expenses for computers, phone equipment, and will cover repairs when needed.
- The FELO Organization has an annual \$50 fee to participate.