



## Connecting Business with Community

### \*\*\*IMPORTANT PUBLIC MEMBERSHIP LISTING \*\*\*

Clearly print below your public listing for the online Membership Directory and other chamber publications.

Business Name: \_\_\_\_\_

Published Address: \_\_\_\_\_

Published Phone Number: \_\_\_\_\_

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

Suggested Business Category: \_\_\_\_\_

1059A Alameda de las Pulgas

Belmont, California 94002

650.595.8696 Fax: 650.204.6232

Email: [execdirector@belmontchamber.org](mailto:execdirector@belmontchamber.org)

<http://belmontchamber.org>

### MEMBERSHIP AGREEMENT

Please Date and Check Box Only For Membership Renewal. ☐

Date: \_\_\_\_\_

\*\*\*Update Below Any Information That Has Changed Since Original Submittal \*\*\*

Business Name: \_\_\_\_\_

Primary Representative/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Additional Email Contacts: \_\_\_\_\_

Website: \_\_\_\_\_ Date business was established: \_\_\_\_\_ Home Based Business: Yes No

Number of Employees: \_\_\_\_\_ Brief description of your business: \_\_\_\_\_

Can you help with: \_ Hosting or co-hosting a mixer \_ Assisting with Chamber events \_ Joining a Sub-Committee \_ Other

Please check box if you would like to offer a Member-to-Member Discount. ☐ Describe what you are offering to the membership \_\_\_\_\_

#### Annual Membership Fee

1 Employee	\$164.00
2-5 Employees	\$218.00
6-10 Employees	\$260.00
11-30 Employees	\$393.00
51-100 Employees	\$502.00
101-500 Employees	\$622.00
501 + Employees	\$730.00
Non-Profit	\$164.00
Civic Member	\$70.00
Family Civic Membership	\$109.00
Home Based Business	\$70.00

#### Membership Guidelines

1. The number of employees should include management. For fair business practices, two part-time employees equal one full-time employee.
2. Dues are not deductible as a charitable expense, but may be deducted as a business expense. Check with your accountant.

Remit Check or Credit Card: **NAME** \_\_\_\_\_

**VISA/MC CARD #** \_\_\_\_\_

**EXP DATE** \_\_\_\_\_ **CCV #** \_\_\_\_\_

Thank you for making the Belmont Chamber of Commerce an investment choice.

Membership is considered continuous unless written notice is received.

Please return completed agreement with payment.