

Date Joined: _____ Date Business Opened: _____

MetroNorth Chamber of Commerce

Business Information

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Website: _____ Email: _____

Employees: # Full-Time _____ #Part Time: _____ Do you want address public? _____

Representative Information

Primary Rep: _____

Marketing Director: _____

Title: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Billing Rep: _____

Email: _____

Phone: _____

Remember, all of your employees can be listed as contacts, attend meetings and collect leads and referrals!

We provide contact information to other Chamber members. If you do not want us to share this information, let us know.

How did you hear about MetroNorth? _____

Reason for joining: Advocacy Involvement Marketing

Other: _____

Annual Investment

Number of Employees:

(circle)

1-2	\$ 257.00
3-5	\$ 350.00
6-10	\$ 384.00
11-15	\$ 406.00
16-25	\$ 458.00
26-50	\$ 556.00
51-75	\$ 588.00
76-100	\$ 653.00
101-150	\$ 777.00
151-200	\$ 937.00
201-300	\$1,182.00
301 & Up	\$1,486.00
Retiree	\$ 100.00

Membership Investment (see chart)

\$ _____

+ \$25 Initial Processing Charge*

Total \$ _____

**Processing charge applies to all new memberships. Investments are deductible from federal and state income tax returns as ordinary and necessary business expenses, not as charitable contributions.*

Please Bill: Yearly Monthly

Payment

CC# _____ Expiration Date _____ CVV _____

Name on Card _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____

Make checks payable to MetroNorth Chamber of Commerce.

MetroNorth
Chamber of Commerce
Building Relationships, Building Business, Building Community

MEMBERSHIP APPLICATION