



Matawan-Aberdeen Chamber of Commerce

Helping to Build a Strong Business Community Since 1968

P.O. Box 522
Matawan, NJ 07747-0522
732.290.1125
info@macocnj.com
www.macocnj.com

Networking Event Sponsorship Application 2024

Business Name: _____

Business Representative(s): _____

Business Telephone: _____ Cell Phone: _____

Ok to publish ☐ For chamber use only. Do not publish ☐

Website: _____ Email: _____

Ok to publish ☐ For chamber use only. Do not publish ☐

Social Media Tags: _____

Please email a copy of your logo and brief bio as you would like it to appear on our website.

Networking Event Sponsorship includes:

- **Five-minute elevator speech about your business unless you are also the presenter in which case the presentation will be 20-25 minutes and include your company pitch.**
- **The Media Package will include:**
 - **Business info and logo featured on the event's page on our website.**
 - **Featuring your business on our email blasts for the events**
 - **Business logo featured on the event's Facebook, Instagram and LinkedIn posts**
 - **Tagging your business' social media page on all of the event's posts before and after event**

Networking Event Sponsor \$150 ☐

Check enclosed ☐ Please email me an invoice to pay online ☐ I will call with a credit card ☐

Application for sponsorship also signifies your permission to the chamber to include your company in the distribution of facsimiles and e-mails, seminar information, advertising and other commercial materials, so that your company can take full advantage of the Chamber's programs and services.

When an individual or business joins the Chamber, it is assumed that they do so for many purposes. Among these purposes is the right to receive and share information with other members. This sharing includes the opportunity to network, to solicit other members, and to be solicited by them. Therefore, as a right and privilege of membership, members may use the information in the member directory for those purposes. These rights and privileges are provided upon receipt of the membership application and payment and acceptance approval by the Board of Directors of the Matawan-Aberdeen Chamber of Commerce

MEMBER ACKNOWLEDGMENT AND INDEMNIFICATION OF THE MATAWAN-ABERDEEN CHAMBER OF COMMERCE (MACOC)

I (on behalf of my company or organization, as its authorized representative, as set forth above; otherwise for myself individually, if no company or organization is set forth above) acknowledge and agree:

(1) That the information contained in the Matawan-Aberdeen Chamber of Commerce correspondence and website is solely for information purposes, and that no representation or warranty is made, and no responsibility is assumed as to the accuracy, quality, timeliness or availability (including, without limitation, "uptime" of the website) of any information provided therein; (2) To indemnify and hold harmless the Matawan-Aberdeen Chamber of Commerce and its directors, officers, employees and representatives from and against any loss, liability, damage, cost or expense (including reasonable attorney fees) incurred or suffered as a consequence of any claim asserted against any of them related to or arising out of any listing of, or link to, the website of myself or my company or organization, as the case may be, in any Member Directory, website, email or any other action taken by the Board of Directors in fulfillment of their obligations under the terms of the Matawan-Aberdeen Chamber of Commerce bylaws. The foregoing acknowledgment and agreement shall survive any expiration or termination of my membership and sponsorship.

As an authorized representative, I hereby apply as a networking event sponsor of MACOC.

Representative Signature _____ **DATE** _____

**Please return this form with your check made payable to Matawan-Aberdeen Chamber of Commerce and mail to
P.O. Box 522, Matawan, NJ 07747 Or call the office to pay by credit card 732-290-1125 Or request invoice**

FOR OFFICE USE ONLY: Check:# _____ **Amount: \$** _____ **Date Rec'd:** _____ **Initials:** _____

Paid by Credit Card MC Visa AMEX Discover **Amount:\$** _____ **Auth #** _____ **Date:** _____ **Initials:** _____