



1. Tell Us about Your Business

Company: _____

Address: _____

(As it will appear in the Web version of the DC Chamber Business Directory)

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____ Fax: _____

Company E-mail: _____ Web Site: _____

Date Company Established: _____

2. Tell Us about Your Staff

*Primary Contact/Title: _____

Email: _____ Phone: _____

President/CEO: _____

Email: _____ Phone: _____

*HR Contact/Title: _____

Email: _____ Phone: _____

Communications/Marketing Contact/Title: _____

Email: _____ Phone: _____

*Sales/Business Development Contact/Title: _____

Email: _____ Phone: _____

Government Affairs Contact/Title: _____

Email: _____ Phone: _____

Chief Technology Officer: _____

Email: _____ Phone: _____



1133 21ST STREET NW
SUITE M200
WASHINGTON, DC 20036

P 202.347.7201
F 202.204.5162

WWW.DCCHAMBER.ORG
@DCCHAMBER



Others to receive Chamber News and Event information:

Name/Title: _____

Email: _____ Phone: _____

Name/Title: _____

Email: _____ Phone: _____

***Required fields**



1133 21ST STREET NW
SUITE M200
WASHINGTON, DC 20036

P 202.347.7201
F 202.204.5162

WWW.DCCHAMBER.ORG
@DCCHAMBER



3. Tell Us More about Your Business

Company Classification: (Revenue and Budget information will NOT be published.)

Business
 Number of employees: _____ Dues amount: _____

Charitable Organization (501)c(3)
 Annual Revenue: _____ Dues amount: _____

Trade Association (501)c(6)
 Annual Revenue: _____ Dues amount: _____

Investment Schedule

Businesses

Number of Full-Time Employee	Dues Amount
1-5	\$605.00
6-25	\$815.00
26-50	\$1,170.00
51-100	\$1,700.00
101-200	\$2,285.00
201-350	\$3,505.00
351-500	\$5,305.00
501+	\$7,430.00

Nonprofits

Budgets	Dues Amount
Up to \$1.5 M	\$605.00
Over \$1.5 M to \$2.5 M	\$815.00
Over \$2.5 M to \$5 M	\$1,170.00
Over \$5 M to \$10 M	\$1,700.00
Over \$10 M to \$20 M	\$2,285.00
Over \$20 M to \$30 M	\$3,505.00
Over \$30 M to \$40 M	\$5,305.00
Over \$40 M	\$7,430.00





Business Certification:

- Women Business Enterprise (WBE)
- Veteran-Owned Enterprise (VOE)
- Service-Disabled Veteran Owned Enterprise (SDVOE)
- Minority Business Enterprise (MBE)
- Disabled Business Enterprise (DBE)
- Certified Business Enterprise (CBE)
- 8 (a)
- HUBzone

Which of the following industries best describes your business: (Select one)?

- Accounting
- Business Services (Consulting, Printing, Business Forms)
- Caterers
- Construction (Architecture, Engineering, Management, Planning, Building, Development, General Contractors)
- Education (Schools, Colleges, Universities, Adult Learning)
- Entertainment/Cultural (Theaters, Music, Sports, Museums, Sightseeing)
- Employment Services (Benefits, Consulting, HR, Recruiting, Staffing Agencies, Training/Sales)
- Financial Services (Banks, Credit Unions, Consulting, Venture Capital, Private Equity)
- Government (Federal, State, Local)
- Healthcare (Hospitals, Pharmaceutical, Physicians, Dentists, Hospice Services, Nursing Homes, Labs)
- Hospitality (Hotels, Motels, Resort, Bed and Breakfast)
- Insurance
- Law Firm
- Manufacturing/Distribution (Chemicals, Paper Products, Services, Food Products, Machinery)
- Marketing/Media (Advertising, PR, Consulting, TV, Radio, Newspapers, Publishing)
- Nonprofits (Associations, Foundations, Charitable Organizations)
- Real Estate (Sales, Brokerage, Rentals, Agents, Commercial, Residential, Developers)
- Retail (Consumer Products, Consumer Services, Automobiles)
- Restaurants/Clubs (Restaurants, Bars, Cafes, Taverns)
- Technology (Telecom, Consultants, Sales and Service, Electronics, Cable, Satellite)
- Travel/Transportation (Airports, Airlines, Trains, Buses, Limousine Service)
- Utilities
- Other





Company Description: _____

How did you hear about the Chamber?

<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Mail	<input type="checkbox"/> Website/Email
<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Chamber Member	<input type="checkbox"/> Other

Which Newspaper/Magazine, Chamber Member or Other referred you? _____

What are your expectations from the Chamber? (Check all that apply)

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Member Discounts
<input type="checkbox"/> Business Education	<input type="checkbox"/> Networking
<input type="checkbox"/> Government Contracts Opportunities	<input type="checkbox"/> Visibility
<input type="checkbox"/> Marketing Assistance	<input type="checkbox"/> Other _____

Is your company on Twitter or Facebook? Please share your Twitter handle and Facebook page here:

Twitter: _____

Facebook: _____



1133 21ST STREET NW
SUITE M200
WASHINGTON, DC 20036

P 202.347.7201
F 202.204.5162

WWW.DCCHAMBER.ORG
@DCCHAMBER

**4. Payment Method (check one)**

Dues Amount: \$ _____

One-time Processing Fee: \$ 25.00

Total Amount: \$ _____

Membership Terms & Cancellation Policy

I acknowledge, understand and agree that: (i) I have reviewed and will comply with the rules and regulations of the DC Chamber of Commerce ("DC Chamber") regarding membership; (ii) my membership will be for a minimum term of 12 months; (iii) I will receive a renewal notice 60 days prior to the renewal date of the membership start date; (iv) I may cancel my membership 30 days prior to the renewal date of the membership start date; and (v) if I do not cancel my membership prior to the renewal date of the membership (anniversary of the membership start date), my membership will automatically renew on a yearly basis.

 Check enclosed (Make checks payable to the DC Chamber of Commerce) Visa MasterCard American Express Discover

Card Number: _____ 3-digit security code: _____ Exp. Date: _____ / _____ / _____

Name on Card: _____

Signature of Card Holder: _____

Daytime Phone: _____

In joining the DC Chamber of Commerce, members acknowledge that the Chamber may take positions on legislation or policy that are contrary to the personal opinions or business practices of said member. As a membership organization the Chamber's positions will always reflect the general interest of the membership.

By signing below, I acknowledge that I am authorized to submit this application for membership to the DC Chamber of Commerce on behalf of the company/organization listed above.

Signature: _____ Date: _____

Please return this application to: Membership Department 1133 21st Street, NW, Suite M200, Washington, DC 200361133 21ST STREET NW
SUITE M200
WASHINGTON, DC 20036P 202.347.7201
F 202.204.5162WWW.DCCHAMBER.ORG
@DCCHAMBER