

HOWARD COUNTY CHAMBER OF COMMERCE

2009 MEMBERSHIP APPLICATION

MEMBERSHIP APPLICATION

Business Name _____ Main Contact _____
 E-mail _____ Title _____
 Mailing Address _____
 Physical Address _____
 Telephone _____ Fax _____ Website _____

ABOUT YOUR BUSINESS

Number of Years in business _____ Number of full-time employees _____ Do we have permission to use your company name in Chamber publications and on the Chamber Website?
 Number of part-time employees _____ Yes No

Please check all that apply:
 Minority-owned
 Female-owned
 Home-based
 Other _____

Office Type
 Headquarters
 Branch

By joining the Howard County Chamber of Commerce, you are authorizing the Chamber to communicate with you via fax and email regarding events, membership dues and other transactions to facilitate your membership benefits.

I agree with the above disclaimer Initials _____

INVESTMENT LEVELS

Profit		Non-Profit*	
Employees**	Amount*	Employees**	Amount*
Sole Proprietor	\$300	1	\$200
2 – 5	\$460	2 – 5	\$270
6 – 25	\$545	6 – 25	\$400
26 – 50	\$620	26 – 50	\$505
51 – 100	\$935	51 – 100	\$820
101 – 250	\$1215	101 – 250	\$1190
251 – 400	\$2060	251 – 400	\$1650
401 plus	\$3500	401 plus	\$2080

All rates are subject to change. Updated 12/10/07. Contributions or gifts to the Howard County Chamber of Commerce are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of lobbying activities. The Howard County Chamber of Commerce estimates that the nondeductible portion of current dues – the portion which is allocable to lobbying is five percent. *Non-profit organizations are limited to Human Service Organizations and subject to the discretion of the Chamber. ** Based on the number of employees in your location.

* A one-time processing fee of \$35 is already included in the first year's investment.

Investment level: _____	Investment Amount: \$ _____
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Name on Card _____	Expiration Date _____
Account # _____	Authorization _____
Signature _____	Date _____

Please make checks payable to the Howard County Chamber of Commerce

KEEP YOUR COMPANY INFORMED

Please add key people from your company to our distribution list.

2. Name _____	Title _____
Email _____	Phone _____ Fax _____
3. Name _____	Title _____
Email _____	Phone _____ Fax _____
4. Name _____	Title _____
Email _____	Phone _____ Fax _____
5. Name _____	Title _____
Email _____	Phone _____ Fax _____
6. Name _____	Title _____
Email _____	Phone _____ Fax _____
7. Name _____	Title _____
Email _____	Phone _____ Fax _____

BUSINESS CATEGORY (Please check the closest category that describes your business)

- | | |
|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Lodging & Travel |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Marketing & Media |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Manufacturing, Production & Wholesale |
| <input type="checkbox"/> Business & Professional Service | <input type="checkbox"/> Personal Services & Care |
| <input type="checkbox"/> Computers & Telecommunications | <input type="checkbox"/> Pets & Veterinary |
| <input type="checkbox"/> Construction Equipment & Contractors | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Family, Community & Civic Organizations | <input type="checkbox"/> Real Estate, Moving & Storage |
| <input type="checkbox"/> Finance & Banking | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Government, Education & Individuals | <input type="checkbox"/> Restaurants, Food & Beverages |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Investment & Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legal | |

WHY ARE YOU JOINING THE CHAMBER?

(Mark all applicable reasons)

- Advocacy: Being represented, as part of the business community
- Benefits & Discounts: participating in chamber and member-provided benefits
- Education: Educational opportunities
- Marketing: Leveraging Opportunities
- Energy Co-Op
- Networking

ENHANCE YOUR DIRECTORY LISTING

Give your directory listing a distinct look. Add a color background, page border, and company logo for just \$100 a year.

- Yes
- No Thanks

BUSINESS DESCRIPTION

Please include a 25 word description of you company for the directory listing:

HELP US SERVE YOU BETTER

What do you expect from your Chamber membership?
