



Membership Application

Tell us about your business:

Name of Business: _____

Business Information: Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Website: _____ # of Employees: _____

Billing Address (if different than above): _____ City: _____

State: _____ Zip: _____

Primary Contact: Salutation Mr. Mrs. Ms. Other _____

Name (First, Last): _____ Title: _____

Direct Line: _____ or Ext. #: _____ Email: _____

Secondary Contact: Salutation Mr. Mrs. Ms. Other _____

Name (First, Last): _____ Title: _____

Direct Line: _____ or Ext. #: _____ Email: _____

Business Category/Industry: (1) _____ (2) _____

(Ex.: Bank, Real Estate, IT, Accounting, Restaurant, Retail...see add'l categories in the "Member Directory" section of pwchamber.org)

Business Type (Check all that apply): Woman Owned Veteran Owned Minority Owned Hispanic Owned
 Homebased 501 8A N/A

Market Focus: Business to Business Business to Consumer Both

What are your areas of specific interest?

Which Committees or Councils would you like to receive updates from, including meeting notices and related communications? Check all that apply.

COMMITTEES

- Business Growth Committee
- Education & Innovation Committee
- Working Committees for Events
(Circle all that are of interest: Business Academy, Business Awards, Connections, Frostbite Scramble, Transitions, Programming & Events, Valor Awards, Women's Series)
- Policy Committee
- Economic Development Committee

COUNCILS

- Government Contracting Council
- Health & Wellness Council
- Hispanic Council
- Not-for-Profit Council
- Veterans Council
- YP NOVA (Young Professionals)

How did you learn about the Chamber?
Check all that apply.

- Chamber website
- Social media
- PW Business
- Print ad in: _____
- Other: _____
- Referred by (Name/Business):

- Spoke with Chamber staff (Name):



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Maximize your membership

- I would like a Chamber Mentor; a veteran member to help me focus my membership efforts.
- Please provide me with information on the free, two-hour Business Consultation program.

Manage your company information online! Set up your account in the Member Login section of www.pwchamber.org, or submit login info here: Username: _____ Password: _____

Calculate membership investment:

Use the chart below to calculate your membership investment based on the number of full-time employees at your organization.
(2 part-time employees = 1 full-time)

CHAMBER TAX ID 27-2875613

BUSINESS MEMBERSHIP (FIRST/ONLY LOCATION)*
How many employees?

1 (Just me!).....	\$365
2-5.....	\$415
6-15.....	\$515
16-24.....	\$690
25-75.....	\$790
76-100.....	\$990
101 or more.....	\$1290

Do you have additional locations that you would like to join? How many?

OF ADDITIONAL LOCATIONS*

1-5.....	\$230 per add'l location
6 or more.....	\$140 per add'l location

ASSOCIATE MEMBERSHIP...\$230*
For professionals who market themselves individually, but are affiliated with a parent company, such as in a Realtor/ Broker scenario. Parent company must be member in good standing for representatives to join as an associate member. Call Chamber with questions.

NOT-FOR-PROFIT ORGANIZATIONS*

0.....	\$240
1-15.....	\$365
16-99.....	\$540
100+	contact Chamber for pricing

RESTAURANTS.....\$415 FLAT FEE*

MEMBERSHIP UPGRADE STANDARD...\$175 (optional) ~ DELUXE UPGRADE...\$300 (optional):

- 25-word business description in the online directory (\$200 value) + one additional benefit (select one below):
- 8-hours of conference room use (Value: \$300)
 - Standard Membership Mailing List (Excel format, 1500+ mailing addresses, emails not included) (Value: \$175)
 - Deluxe Membership Mailing List (Includes website, main category and # of Employees) (Value: \$300)

CALCULATE INVESTMENT:

Annual Investment (from chart above) \$ _____
 *Includes one-time \$40 registration fee
Optional Visibility Upgrade \$175
 (\$300 for Deluxe List)
 Total Investment: \$ _____

PAYMENT METHOD:

Check # _____
 Cash
 Credit Card (all cards accepted)
 CC#: _____ Exp.: ____/____
 Name on card: _____
 Signature: _____

Make it official

By signing below, I agree to the following code of ethics as a member of the Prince William Chamber:
 As a member of the Prince William Chamber of Commerce, I agree to represent and conduct my business, products and services in an ethical manner with all customers, vendors, associates, employees and fellow businesses.

Signature: _____ Date: ____/____/____

Welcome!

You are now part of a network of nearly 1500 business and community leaders working to make greater Prince William a preferred community in which to live & conduct business.