



Membership Application

About your business (Please fill in all fields):

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ # of Employees: _____ (2 part-time = 1 full-time)

Phone (Main):(_____) _____ Website: _____ Email: _____

Billing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Primary Contact: Salutation (Required. Please choose one) Mr. Mrs. Ms. Other _____

Name (First, Last): _____ Title: _____

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

Secondary Contact: Salutation (Required. Please choose one) 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 Other _____

Areas of Interest

From which Committees or Councils would you like to receive updates? Includes meeting notices and related communications. Check all that apply.

COMMITTEES

- Education & Innovation Committee
- Event Committees
(Circle all that are of interest: Business Awards, Golf, Transitions, Valor Awards, Women's Series, General Programming & Events)
- 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. Check at least one.

- Chamber website
- Social media
- Print ad in: _____
- Other: _____
- I don't remember
- Referred by (Name/Business):

- Spoke with Chamber staff (Name):

Maximize your membership

- I would like a Chamber Mentor; a seasoned member to help me focus my membership efforts.
- Please provide me with information on the free, two-hour Business Consultation program.
- Bilingual mentor/consultant preferred. My native language is _____.

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 employee)

CHAMBER TAX ID 27-2875613

<u>FOR-PROFIT BUSINESS MEMBERSHIP</u> (First/Only Location) How many employees?	<u>NOT-FOR-PROFIT ORGANIZATIONS</u> How many employees?	Do you have additional locations that would like to join? How many? <u># OF ADDITIONAL LOCATIONS*</u>
1 (Just me!).....\$380	0.....\$250	Up to 5.....\$240 per add'l location
2-5.....\$430	1-15.....\$380	6 or more.....\$145 per add'l location
6-15.....\$535	16-99.....\$565	
16-24.....\$720	100+contact Chamber for pricing	
25-75.....\$825	RESTAURANTS.....\$430 FLAT FEE	<u>ASSOCIATE MEMBERSHIP...\$230*</u> Exclusively for professionals who market themselves individually, yet 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. Associate members MUST identify parent company on application. Call Chamber with questions.
76-100.....\$1035		Business you are an Associate of: _____
101 or more.....\$1340		
<u>STANDARD UPGRADE...\$175 (optional)</u> 25-word business description in the online directory (\$200 value) + 1 additional benefit (check one):		
<input type="checkbox"/> 8-hours conference room use (At a discounted rate)		
<input type="checkbox"/> Standard Membership Mailing List (Excel format, 1200 + mailing addresses, emails not included) (Value: \$175)		
<u>DELUXE UPGRADE...\$300 (optional):</u>		
<input type="checkbox"/> Includes Standard Upgrade benefits + Deluxe 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 Membership Upgrade \$175
(\$300 for Deluxe)

Total Investment: \$ _____

PAYMENT METHOD:

Check # _____

Cash

Credit Card (all cards accepted)

CC#: _____ Exp: ___/___

Name on card: _____

Signature: _____

Check here to participate in automatic membership renewal.

Information will be sent to you to sign up. Contact Anita Duecaster with questions: 571-765-1874.

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: ___/___/_____