



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

FOR-PROFIT BUSINESS MEMBERSHIP

(First/Only Location)

How many employees?

1 (Just me!).....\$380
 2-5.....\$430
 6-15.....\$535
 16-24.....\$720
 25-75.....\$825
 76-100.....\$1035
 101 or more.....\$1340

NOT-FOR-PROFIT ORGANIZATIONS

How many employees?

0.....\$250
 1-15.....\$380
 16-99.....\$565
 100+contact Chamber for pricing

RESTAURANTS.....\$430 FLAT FEE

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

OF ADDITIONAL LOCATIONS*

Up to 5.....\$240 per add'l location
 6 or more.....\$145 per add'l location

ASSOCIATE MEMBERSHIP...\$240*

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 a member in good standing for representatives to join as an associate member. Associate members MUST identify parent company on application. Call Chamber with questions.

Business you are an Associate of: _____

STANDARD UPGRADE...\$175 (optional)

25-word business description in the online directory (\$200 value)

+ 1 additional benefit (check one):

- 8-hours conference room use (At a discounted rate)
- Standard Membership Mailing List (Excel format, 1200 + mailing addresses, emails not included) (Value: \$175)

DELUXE UPGRADE...\$300 (optional):

- 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: ___/___/_____