



Membership Application

PLEASE NOTE:
You may add additional contacts any time.

Update your contacts on an annual basis to ensure accuracy!

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: _____

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

Name (First, Last): _____ Title: _____

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

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

Name (First, Last): _____ Title: _____

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

Billing Address (if different than above): _____

City: _____ State: _____ Zip: _____

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 _____

Market Focus: Business to Business Business to Consumer Both

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

- Ambassadors
- Education & Innovation
- Hospitality
- Business Growth
- Policy Committee
- Economic Development Committee

COUNCILS

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

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.

Manage your company information online! Set up your account in the Member Login section of pwchamber.org

Submit login info here: Username: _____

Password: _____

Calculate membership investment:

Use the chart below to calculate your membership dues 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!).....\$395
 2-5.....\$450
 6-15.....\$560
 16-24.....\$755
 25-75.....\$865
 76-100.....\$1085
 101 or more.....\$1405

NOT-FOR-PROFIT ORGANIZATIONS

How many employees?

0.....\$260
 1-15.....\$395
 16-99.....\$590
 100+contact Chamber for pricing

RESTAURANTS.....\$450 FLAT FEE

Own multiple businesses or have multiple locations?

Multi-Membership discounts negotiable. Contact Debbie Jones for more details: 571-765-1877

STANDARD UPGRADE...\$200 (optional)

25-word business description in the online directory

+ 1 additional benefit (check one):

- 8-hours conference room use
- Standard Membership Mailing List (Excel format, 1200 + mailing addresses, emails not included)

DELUXE UPGRADE...\$350 (optional) :

- Includes Standard Upgrade benefits + Deluxe Mailing List (Includes website, main category and # of Employees)

CALCULATE INVESTMENT:

Annual Investment (from chart above) \$ _____

***Includes one-time \$40 registration fee**

Optional Membership Upgrade \$200
 (\$350 for Deluxe)

Total Investment: \$ _____

PAYMENT METHOD:

Check # _____

Cash

Credit Card (all cards accepted)

CC#: _____ Exp: ___/___

Name on card: _____

Signature: _____

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: ___/___/___