



# 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 Guide; 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!).....\$405

2-5.....\$465

6-15.....\$575

16-24.....\$775

25-75.....\$890

76-100.....\$1,115

101 or more....\$1,445

#### NOT-FOR-PROFIT ORGANIZATIONS

How many employees?

0.....\$265

1-15.....\$405

16 or More.\$615

RESTAURANTS.....\$465 FLAT FEE

*Own multiple businesses or have multiple locations?*

*Multi-Membership discounts negotiable. Contact Heather Stietzel for more details: 571-765-1880*

#### 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: \_\_\_/\_\_\_/\_\_\_