



Membership Application

It is important to keep your information current.

Contact Margeaux Clark with any updates!

About your Business (Please fill in all fields):

Date: _____ # Employees: _____ (2 part time=1 full-time)

Company Name: _____ Keep my address Private

Physical Address: _____

City: _____ State: _____ Zip: _____

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

Primary Contact (Please fill in all fields):

Primary Contact: Salutations (Required. Please Choose one) Mr. Mrs. Ms. Dr. Other _____

Name (First, Last): _____ Title: _____

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

Billing Contact (If different from Primary Contact):

My billing address is different and someone should contact me

Billing Contact: Salutations (Required. Please Choose one) Mr. Mrs. Ms. Dr. Other _____

Name (First, Last): _____ Title: _____

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

About your Business - For additional Categories, contact Margeaux Clark a mclark@pwchamber.org

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): Women Owned Veteran Owned Minority Owned
 Hispanic Owned Homebased 501 _____ 8A
 Federal Contractor State Contractor Local Contractor Other _____

Areas of Interest

Check all that apply to be included on mailing lists and receive more information.

Committees

- Economic Development
- Education & Workforce
- Policy

Councils

- Government Contracting
- Health & Wellness
- Hispanic
- Not-for-Profit
- Technology & Security
- Tourism & Hospitality
- Veterans
- Women's Leadership

Learn more about:

- Chamber Orientation
- Chamber Check-Up
- Social Media
- Sponsorship Opportunities

How did you learn about the Chamber?

Check all that apply. Check at least one.

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

Keep us updated!

Visit www.pwchamber.org to create a username and password. All employees can be listed on our website and receive Chamber Benefits! Contact Margeaux Clark with any questions: mclark@pwchamber.org // 571-765-1878

Calculate your membership Investment:
(2 part-time employees = 1 full-time employee)

CHAMBER TAX ID 27-2875613

Step 1 ~ Pick your membership level based on Business Type and Number of Employees \$_____

For-Profit Business Membership
(First/Only Location)

# of Employees	Price
1 (Just me!)	\$405
2-5	\$465
6-15	\$575
25-75	\$775
25-75	\$890
76-100	\$1,115
101 or more	\$1,445

Not-for-Profit Organization

# of Employees	Price
0	\$265
1-15	\$405
16 or more	\$615

Restaurants

Flat Rate	\$465
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Own multiple businesses or have multiple locations?

Multi-Membership discount offered.
Contact Heather Stietzel for more details: hstietzel@pwchamber.org // 571-765-1880

(These prices include a one time registration fee of \$40)

Step 2 ~ Considered a Membership Upgrade (optional) \$_____

Standard Upgrade \$200

-Includes Diamond Member Program

-Select one:

8-hours of conference room use

Standard Membership Mailing List

(Excel format, 1200+ mailing addresses, emails not included)

Diamond Member Program.... \$100

- Contact Margeaux Clark to learn more

mclark@pwchamber.org // 571-765-1878

Deluxe Upgrade \$350

- Includes Diamond Member Program

- 8-hours of conference room use

- Deluxe Mailing List

(Excel format, 1200+ mailing addresses, websites, main category and # of Employees)

Payment Method:

Step 3 ~ Calculate your Total Investment \$_____

Select one: Credit Card (all cards accepted)

Check # _____

Cash

CC # _____ Exp ____/____ Name on Card: _____

Renewal Option:

Automatic Membership Renewal

Contact Anita Duecaster with questions: aduecaster@pwchamber.org // 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: ____/____/____