



Membership Application

It is important to keep your information current. Contact Margeaux Clark with any updates! mclark@pwchamber.org

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):

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

Name (First, Last): _____ Title: _____

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

Billing Address: _____

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

Business Category/Industry: (1) _____ (2) _____
 _____ (3) _____

(Ex.: Bank, Real Estate, IT, Accounting, Restaurant, Retail...Additional Categories on the "Member Directory" section of pwchamber.org)

Business Type (Check all that apply): Women Owned Veteran Owned Minority Owned 8A

Hispanic Owned Homebased 501 _____

Federal Contractor State Contractor Local Contractor Other _____

Areas of Interest

Check all that apply to be included on distribution lists.

Committees

- Economic Development
- Education & Workforce
- Policy Advisory Group
- F.I.E.X. Young Professionals

Councils

- Government Contracting
- Health & Wellness
- Hispanic
- Not-for-Profit

Technology & Security

- Tourism & Hospitality
- Veterans
- 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: _____
- 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

16-24 \$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 \$605

Flat Rates

Restaurants \$465

Associate Member.....\$255

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

Own multiple businesses or have multiple locations? Multi-Membership discount offered.

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

Step 2 ~ Considered a Membership Upgrade (optional)

Standard Upgrade \$200

-Select one:

8-hours of conference room use

Standard Membership Mailing List

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

Deluxe Upgrade \$350

- 8-hours of conference room use

- Deluxe Mailing List

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

Step 3 ~ Calculate your Total Investment

\$ _____

Payment Method:

Select one: Credit Card (all cards accepted) Check # _____ Cash

CC # _____ Exp. ____/____ Name on Card: _____
Sec Code _____

Renewal Option:

Automatic Membership Renewal

Contact Anita Duecaster with questions: aduecaster@pwchamber.org // 571-765-1874

By signing below, I agree to the following code of ethics as a member of the Prince William Chamber:

Make it official:

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: ____/____/____