

CALVERT COUNTY CHAMBER - ANNUAL INVESTMENT SCHEDULE

(A one-time fee of \$35 is payable at time of initial application, plus two-year annual investment)

Please check business size. Use an average for the year, count two part-time employees as one full-time employee.

- Business with 1-5 employees. \$210 (*1)
- Business with 6-10 employees. \$245 (*2)
- Business with 11-20 employees. \$280 (*3)
- Business with 21-35 employees. \$320 (*4)
- Business with 36-50 employees. \$365 (*5)
- Business with 51-74 employees. \$490 (*5)
- Business with 75-149 employees. \$625 (*5)
- Business with 150-249 employees. \$750 (*5)
- Business with 250-500 employees. \$910 (*5)
- 500+ (\$910 plus \$2.00 per person over 500. . . . not to exceed \$1350 (*5)
- Not-For-Profit 501©(6) and Non-Profit 501 ©(3) - 10 employees or less. \$150
- Associate/Patron Member. \$125 (cannot use a business name for Chamber functions)
- Business Association. \$125 (Associations may join the Chamber with representation by CEO or (1) Director)

(*) Indicates number of Company representatives

MEMBERSHIP APPLICATION

(A one-time fee of \$35 is payable at time of initial application, plus two-year investment)

Name of Business: _____

Mailing Address: _____

Business Location: _____

Phone (1): _____

Phone (2): _____

Fax Number: _____

Email: _____

Website: _____

Brief Description of your business for Annual Directory and website (250 characters max): _____

Main Business Representative: _____

Addl. Representatives (refer to your # of reps): _____

Date Business Established: _____

Number of Employees: Full time: _____ Part time: _____

Type of Business: _____

Sponsored by: _____

*This should be signed by an active Chamber representative or Chamber staff member.

My two-year investment:

First Year (2010 investment amount pro-rated) (Call the Chamber at 410-535-2577 for assistance, if needed)	\$ _____
Second Year (2011 full annual investment amount)	\$ _____
Application Processing Fee (one-time)	\$ 35.00
Investment Payment Plan Fee (when debit installments used—see other side) (No Refunds)	\$ 15.00
Total	\$ _____

Do we have your permission to publicize your email _____, cell# _____, and fax # _____ on our website and in our Annual Directory?

Please note: There will be a \$25 charge for returned checks.

OVER

I understand that for tax purposes, Chamber member investments may be deductible as an ordinary and necessary business expense, but not as a charitable contribution.

The Chamber offers a **Credit Card** payment plan for new members only. After initial payment of the **first year's investment, plus the \$35.00 processing fee**, the Chamber will debit your credit card automatically for 3 consecutive months for the year 2011 monies owed. The balance must be paid within 90 days of the date of joining. In the event that the card is denied and the balance is not paid, the member will be expected to pay the full remaining balance and will be contacted for payment arrangements. If the payment is not received, the membership will be dropped. **Previously paid investments are non-refundable.** There is a \$15 charge for participating in the investment payment plan.

I choose **not** to utilize the payment plan and in accordance with the fee schedules laid out above, I have enclosed \$ _____, for the total of all investments and fees.

I would like to take advantage of the investment payment plan. I am enclosing the first payment of \$ _____ which represents **first year's investment plus processing fee and investment payment plan fee**. I understand I am responsible for payment of the three remaining installments that which will pay my 2011 membership investment in-full.

Join a committee of your choice. Do you really want to get to know people and let them know about you? Get on a committee. Please mark which one of the following committees you would be interested in:

- _____ Ambassadors
- _____ Special Events Committee
- _____ Government Affairs
- _____ Young Professionals Network

Ask us about: If you are interested in information on any of the following, please indicate below and you will be contacted.

- _____ Sponsoring a Business After Hours
- _____ Advertising in the monthly newsletter
- _____ Free business counseling (SCORE)
- _____ Member-to-Member Discount Program

How did you hear about us? _____ Web page _____ Referral _____ Other

Optional: Please check all that apply to your business:

_____*Home-based* _____*Minority-owned* _____*SBA-8 Female-owned* _____*Disabled-owned*

Primary Contact Name: _____

Business Name/Address and Phone Number: _____

Payment by: *Cash* _____ *Check* _____ *Visa* _____ *Master Card* _____ *Am. Express* _____

Card Number: _____ **Expiration Date:** _____ **V#:** _____

Authorized Signature: _____

**Send to: Calvert County Chamber of Commerce
P. O. Box 9, Prince Frederick, MD 20678.
Phone: (410) 535-2577 Fax: (443) 295-7213
calvertchamber@calvertchamber.org**