

# 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.

- |   |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Business with 1-5 employees. . . . . \$210 (*1)</li> <li><input type="checkbox"/> Business with 6-10 employees. . . . . \$245 (*2)</li> <li><input type="checkbox"/> Business with 11-20 employees. . . . . \$280 (*3)</li> <li><input type="checkbox"/> Business with 21-35 employees. . . . . \$320 (*4)</li> <li><input type="checkbox"/> Business with 36-50 employees. . . . . \$365 (*5)</li> <li><input type="checkbox"/> Business with 51-74 employees. . . . . \$490 (*5)</li> <li><input type="checkbox"/> Business with 75-149 employees. . . . . \$625 (*5)</li> <li><input type="checkbox"/> Business with 150-249 employees. . . . . \$750 (*5)</li> <li><input type="checkbox"/> Business with 250-500 employees. . . . . \$910 (*5)</li> <li><input type="checkbox"/> 500+ (\$910 plus \$2.00 per person over 500. . . . not to exceed \$1350 (*5)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Not-For-Profit 501©(6) and Non-Profit 501 ©(3) - \$10 employees or less. . . . . \$150</li> <li><input type="checkbox"/> Associate/Patron Member. . . . . \$125<br/>(cannot use a business name for Chamber functions)</li> <li><input type="checkbox"/> Business Association. . . . . \$125<br/>(Associations may join the Chamber with representation by CEO or (1) Director)</li> </ul> |
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(\*) 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 <b>(2008 investment amount pro-rated)</b>	\$ _____
<b>(Call the Chamber at 410-535-2577 for assistance, if needed)</b>	
Second Year <b>(2009 full annual investment amount)</b>	\$ _____
Application Processing Fee (one-time)	\$      35.00
<i>Investment Payment Plan Fee</i> (when debit installments used—see other side)	\$      15.00
Total	\$ _____

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

**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 2009 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 2009 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  
\_\_\_\_\_ Public Policy  
\_\_\_\_\_ 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.  
301/855-1930 or 410/535-2577 Fax Number 410/257-3140  
calvertchamber@calvertchamber.org**