

CALVERT COUNTY CHAMBER - ANNUAL INVESTMENT SCHEDULE

(A one-time fee of \$35 is payable at time of initial application)

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

- | | Annual | Pro-Rate/Mo. | |
|--|----------------------------|--------------|---|
| <input type="checkbox"/> Business with 1-5 employees. | \$220 (*1) | \$18.34 | <input type="checkbox"/> Not-For-Profit 501©(6) and Non-Profit |
| <input type="checkbox"/> Business with 6-10 employees. | \$260 (*2) | \$21.67 | 501 ©(3) - 0-10 employees with (1) rep. . . . \$150 |
| <input type="checkbox"/> Business with 11-20 employees. | \$290 (*3) | \$24.17 | 11 or more employees, use standard rate for |
| <input type="checkbox"/> Business with 21-35 employees. | \$340 (*4) | \$28.34 | businesses |
| <input type="checkbox"/> Business with 36-50 employees. | \$380 (*5) | \$31.67 | |
| <input type="checkbox"/> Business with 51-74 employees. | \$510 (*5) | \$42.50 | <input type="checkbox"/> Associate/Patron Member. \$150 |
| <input type="checkbox"/> Business with 75-149 employees. | \$660 (*5) | \$55.00 | (cannot use a business name for |
| <input type="checkbox"/> Business with 150-249 employees. | \$790 (*5) | \$65.84 | Chamber functions) |
| <input type="checkbox"/> Business with 250-500 employees. | \$960 (*5) | \$80.00 | |
| <input type="checkbox"/> 500+ (\$960 plus \$2.00 per person over 500.) | not to exceed \$1,420 (*5) | | |

(*) Indicates number of Company representatives

MEMBERSHIP APPLICATION

(A one-time fee of \$35 is payable at time of initial application)

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.

Your membership investment amount is pro-rated for the first year:

First Year (investment amount pro-rated)		\$ _____
(Call the Chamber at 410-535-2577 for assistance, if needed)		
Application Processing Fee (one-time)		\$ <u> 35.00</u>
(No Refunds)	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.

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**

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
- Government Affairs
- Leadshare Group
- Women To Women
- 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? Website Referral Other