

MEMBERSHIP INVESTMENT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

WEBSITE: _____ E-MAIL: _____

FACEBOOK: _____ TWITTER: _____

BUSINESS CLASSIFICATION (LIST 2): _____ , _____
(Examples: Real Estate; Web Design)

MAIN CONTACT: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

BILLING CONTACT: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

YOU MAY ADD OR UPDATE CONTACT INFORMATION AT ANYTIME DURING THE YEAR BY CONTACTING THE CHAMBER OFFICE

HOW DID YOU HEAR ABOUT US?

NJCC Website (northjerseychamber.org) Referred by a Member (please list below) Attended a Chamber Event Online/Social Media

If referred by a member, please list the member's name: _____

MEMBERSHIP DUES & PAYMENT INFORMATION

MEMBERSHIP LEVEL IS BASED OFF OF TOTAL # OF FULL-TIME EMPLOYEES AT A SINGLE LOCATION

Discounts offered for multiple locations. Call chamber to inquire about pricing.

\$150 : 1 - 24 (FT Employees) **\$300** : 25 - 74 (FT Employees) **\$500** : 75+ (FT Employees)

Check Enclosed VISA MasterCard American Express Discover

NAME ON CARD: _____ Total \$ _____

CREDIT CARD#: _____ EXP: _____ CVV: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

MAIL COMPLETED APPLICATION TO: **North Jersey Chamber, 547 Union Blvd., Totowa, NJ 07512**

or Fax it to **973-470-9245** or Email to: **staff@northjerseychamber.org**

This application is subject to approval by the Chamber of Commerce. Your membership investment is tax deductible as a business expense.

FOR OFFICE USE ONLY (Please Leave Blank) APPROVED DATE: _____ AMBASSADOR: _____