



# RENEWAL/MEMBERSHIP APPLICATION

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City:	State:	ZIP Code:
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Business Phone:	Business Fax:	Cell Phone:
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Website: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Company Contact Title: \_\_\_\_\_

Phone:	E-mail:	Fax:
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**A BRIEF SUMMARY STATEMENT ABOUT YOUR BUSINESS OR ORGANIZATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS CATEGORY:** (EXAMPLE: AUTOMOTIVE, PRINTER, FINANCIAL INSTITUTION) \_\_\_\_\_

**ADDITIONAL CONTACT NAME AND INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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**MEMBERSHIP RATES CHOOSE ONE**

Business/Organization: <input type="checkbox"/> 1-5 employees - \$200 <input type="checkbox"/> 6-10 employees - \$250 <input type="checkbox"/> 11-50 employees - \$400 <input type="checkbox"/> 51+ employees - \$600	<input type="checkbox"/> Civic or nonprofit organizations, municipality, school, church - \$120 <input type="checkbox"/> Citizen - \$65 #of Employees: Full-time _____ Part-time _____
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**OPTIONAL PREMIUM MEMBERSHIP OPPORTUNITY**

Annual premium membership includes: logo and website link from rotating banner on SACC website home page, highlight in our member directory which includes a pin on the map along with a broad description of your business, and the option to host or sponsor events such as lunch and learns, trainings and networking. Additional \$50 to regular membership fee.

Yes, I would like to become a premium Sussex Area Chamber member

**THIS INFORMATION IS COMPLETE AND CORRECT AS INDICATED**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**METHOD OF PAYMENT**

CHECK (payable to Sussex Area Chamber of Commerce) \$ _____	_____
CREDIT CARD PAYMENT      MC                      VISA                      DISCOVER                      AMEX	_____
AMOUNT \$	EXPIRATION DATE:
NAME ON CARD	CODE ON BACK
CARD NUMBER	_____
SIGNATURE _____	_____