



APPLICATION for MEMBERSHIP

BUSINESS INFORMATION

COMPANY NAME _____

CEO NAME _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

WEBSITE _____

NUMBER OF EMPLOYEES (For statistical purposes only) _____

DATE BUSINESS WAS ESTABLISHED _____

CATEGORY/TYPE OF BUSINESS _____

MAY WE PUBLISH YOUR MAILING ADDRESS AND PHONE NUMBER IN OUR DIRECTORIES? YES NO

MAIN CONTACT

NAME _____

PREFERRED NAME/NICKNAME _____

TITLE _____

OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

ADDITIONAL CONTACTS

Member Benefits Contact

(The person designated to work with your Chamber representative to assist you in utilizing your member benefits.)

NAME _____

TITLE _____

OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

Billing/Accounting Department Contact

NAME _____

TITLE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

► Choose the Membership Level that's right for you:

(Please refer to the Member Benefits booklet)

- CHAMBER ASSOCIATE \$350
- CHAMBER PROFESSIONAL \$500
- CHAMBER PRINCIPAL \$1,000
- CHAMBER DIPLOMAT \$2,500
- CHAMBER STEWARD \$5,000
- CHAMBER LEADER \$10,000
- CHAMBER PARTNER \$20,000
- CHAMBER FRIEND \$150
(for students, retirees and individuals with no business affiliation)
- My business is a 501(c)3 non-profit organization.
(Please attach a copy of your company's 501(c)3 letter from the IRS or a copy of your W-9.) Non-profits may deduct 25% from their membership level.

TOTAL AMOUNT DUE

\$ _____

Membership dues are not deductible as charitable contributions for tax purposes. Your membership investment may be deducted as an ordinary and necessary business expense. Your membership is non-refundable. We will issue an invoice/receipt based on this application.

NAME _____

TITLE _____

SIGNATURE _____

PLEASE RETURN THIS FORM TO:

Greater Manchester Chamber of Commerce
54 Hanover Street, Manchester, NH 03101
Or fax to:
603.626.0910
Or email to:
membership@manchester-chamber.org
Please contact us with your questions at:
603.792.4105

Please add additional contacts and payment information on page 2



APPLICATION for MEMBERSHIP

ADDITIONAL CONTACTS

Sales Department Contact

NAME _____
TITLE _____
OFFICE PHONE _____ MOBILE PHONE _____
E-MAIL ADDRESS _____

Marketing Department Contact

NAME _____
TITLE _____
OFFICE PHONE _____ MOBILE PHONE _____
E-MAIL ADDRESS _____

*Please note that email addresses will be used for Chamber business only.
We do not share or sell our email list with Chamber members or outside parties.*

ADDITIONAL CATEGORIES

\$100
Please add my business to an additional category:

GREEN PLEDGE PROGRAM

\$100
Is your business designated as "green"? Get listed as a green business and receive a green decal for your website and storefront. (Must complete Green Pledge Program)

HOW DID YOU HEAR ABOUT US?

- A CURRENT CHAMBER MEMBER
NAME _____
- CHAMBER EVENT
 WEB SEARCH
 FACEBOOK
 TWITTER
 NEW HAMPSHIRE BUSINESS REVIEW
 OTHER

YOUR BUSINESS INTERESTS

I am interested in learning more about the following Chamber committees, events and programs:

- GOVERNMENT AFFAIRS COMMITTEE
 GREEN COMMITTEE
 INFRASTRUCTURE COMMITTEE
 DOWNTOWN COMMITTEE
 AMBASSADOR COMMITTEE
 METRO CENTER INITIATIVE
 SPONSORSHIPS
 CHAMBER GOLF TOURNAMENT
 TRI-CITY EXPO
 LEADERSHIP GREATER MANCHESTER
 MARKETING OPPORTUNITIES
 ADVANTAGE MAGAZINE
 LEGISLATIVE ISSUES/EVENTS
 CHAIRMAN'S CLUB

MEMBER TO MEMBER DISCOUNT

I would like to offer Chamber Members the following discount at my business:

PAYMENT INFORMATION

I would like to pay with:

- Visa Mastercard Discover American Express Check Cash Payment Plan

Credit Card # _____ Exp. Date _____ Security code _____

Name as it appears on card _____

Signature _____

Payment Plan

- EFT/Automatic debit Checking Savings (Additional \$1.50 service fee for each transaction).

Account No. _____ Routing No: _____

- Credit Card (use credit card designated above). Additional \$1.50 service fee for each transaction.

My payment including the transaction fee will be _____ Monthly Quarterly

Payment Plan Authorization: I (we) hereby authorize the Greater Manchester Chamber of Commerce to make recurring charges to my credit card listed above and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect for a minimum of one (1) year and until the Chamber of Commerce receives written notification from me 30 days prior to a subsequent one-year period that it is my intent not to renew my membership for another year. All other changes to this authorization (schedule, credit card information) will require a new payment authorization form to be filled out and submitted to the Greater Manchester Chamber of Commerce 15 days prior to the change being implemented.

Name (Please Print) _____ Date _____

Signature _____