

MEMBERSHIP APPLICATION

Date Application Completed	
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SECTION 1: CONTACT DETAILS

Name of Business:			
Address:			
City and State:		Zip Code:	
Postal Address: If different from above.			
City and State:		Zip Code:	
Office Telephone:		Fax Number:	
Primary Contact Name/Title:			
Cell Phone Number:		Office Phone Number:	
Email:			
Billing Contact Name/Title:			
Cell Phone Number:		Office Phone Number:	
Email:			
Website:			
General Email Address: If applicable.			
Facebook:		LinkedIn:	
Instagram:		Twitter:	

SECTION 2: INVESTMENT CATEGORIES

Category 1: Hospitality, gaming, accommodations, construction, transportation, media, manufacturing, distribution, recreation, entertainment, food and beverage

Number of Employees	Per Month Investment	Annual Investment	Number of Employees	Per Month Investment	Annual Investment
1 to 5	\$20	\$240	31 to 40	\$40	\$480
6 to 10	\$22	\$264	41 to 50	\$50	\$600
11 to 20	\$26	\$312	51 to 100	\$61	\$732
21 to 30	\$30	\$360	100+*	\$71	\$852

*Plus \$1.50 per employee per year



Category 2: Professional services, medical, insurance, mortgage companies, architects, engineers, real estate, consultants					
First Partner	\$25 per month	\$300 annually	Each Additional Partner	\$10 per month	\$120 annually

Category 3: Financial Institutions, banks, savings and loans
\$7 per each million dollars in deposits in Atlantic County

Category 4: Non-profit organizations, governmental agencies, education, hospitals
\$240 annually plus \$1.00 per employee

Category 5: Individual (any person who is not be associated with a business)
\$90 per year

Category 6: Businesses located outside of Atlantic County		
Fair-share giving based on volume of business conducted in Atlantic County		
\$0 to \$100,000	\$20 per month	\$240 annually
\$100,000 to \$250,000	\$47 per month	\$564 annually
\$250,000+	\$96 per month	\$1,152 annually

SECTION 3: PAYMENT INFORMATION					
Processing fee for 1 st time or expired membership reinstatement is \$25.00					
Investment:	\$	One Time Application Fee:	\$25.00	Total:	\$
Select Payment Option:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Email Invoice <input type="checkbox"/> Check				
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover				
Name On Card:		Signature			
Credit Card Number:		CVC #		Expiration Date:	
Address:					
City and State:		Zip Code:			

Membership Commitment Statement

My membership will be renewed annually from the anniversary month of joining. I will remain a member in good standing if my annual dues are paid within 60 days of my renewal date. As a member, I hereby consent to receive e-mails sent by the Greater Atlantic City Chamber, but have the option to unsubscribe at any time. (Please initial) _____

Greater Atlantic City Chamber dues may be deducted as a business expense but not as a charitable contribution.



SECTION 5: ADDITIONAL REPRESENTATIVES

Additional representatives that will receive emails from the Greater Atlantic City Chamber that inform them of upcoming events, news, advocacy efforts, and member to member information.

Name:		Title:	
Email:		Phone:	
Name:		Title:	
Email:		Phone:	
Name:		Title:	
Email:		Phone:	
Name:		Title:	
Email:		Phone:	
Name:		Title:	
Email:		Phone:	
Name:		Title:	
Email:		Phone:	