

Application for

MEMBERSHIP

2019

Today's Date: _____

BUSINESS INFORMATION

Company Name: _____

Phone: _____ Fax: _____

Website: _____

E-Mail: _____

Business Description (25 words): _____

Number of Employees | Full-time: _____ Part-time: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address same as Physical Address? YES NO

Mailing Address : _____

City: _____ State: _____ Zip Code: _____

PRIMARY CONTACT INFORMATION

Name: _____

Title: _____

Phone: _____

Cell Phone: _____

E-Mail: _____

Facebook: <http://www.facebook.com/> _____

LinkedIn: <http://www.linkedin.com/in/> _____

SKIP THE PAPERWORK AND APPLY ONLINE

Go to www.dovernh.org/join and become a member today.

WHAT ARE YOUR REASONS FOR JOINING?

(Choose all that apply.)

- Referrals for my business
- Advertising opportunities
- Networking opportunities
- Educational opportunities
- Involvement in the community
- Employee recruitment/relations
- Other:

Specify: _____

HOW DID YOU HEAR ABOUT US?

(Choose all that apply.)

- Referral

Name: _____

- Chamber event
- Media
- Web
- Other:

Specify: _____

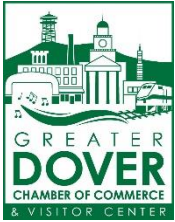
PLEASE RETURN TO:

Greater Dover Chamber of Commerce
550 Central Avenue, Dover, NH 03820

Email: kim@dovernh.org

Fax: 603.749.6317

Phone: 603.742.2218



GREATER DOVER CHAMBER OF COMMERCE

Application for 2019 MEMBERSHIP

Apply Online!
www.dovernh.org/join

Questions?
603.742.2218 or kim@dovernh.org

GREATER DOVER CHAMBER OF COMMERCE MEMBERSHIP CATEGORIES

Please choose the category that matches your business type and calculate your investment total.

General Business

\$310.00 +
\$5.00 per employee to 100 _____ x \$5.00 = \$ _____
\$1.00 per employee over 100 _____ x \$1.00 = \$ _____
Include part-time and full-time employees. 1 full-time = 1, 2 part-time = 1

\$ _____

Banks, Financial Institutions, & Credit Unions

\$650.00 +
\$15.00 per million of local deposits _____ x _____ = \$ _____

\$ _____

Corporations, Manufacturers, Utilities & Hospitals

Please call Kim Lindquist, Membership Director, for benefits and custom investment quote at 603-742-2218 or kim@dovernh.org.

Non-Profit Organizations (501 C, 3, 4, 6, 7, 10, 17)

\$200.00
Tax ID # _____

\$ _____

Individual (Retired/Student Only)

\$90.00

\$ _____

Membership is not tax-deductible as charitable contributions for federal tax purposes but may be deductible as an ordinary and necessary business expense.

PAYMENT INFORMATION

Payment Plan - Preferred Method: Annual Bi-Annual

I would like to pay with: Credit Cash Check

You can also sign-up and pay online at www.dovernh.org/join!

Signature _____ Printed Name _____

Date _____ Preferred Invoice Format: Mail E-Mail

Credit Card#: _____ Exp. Date: ____ / ____ Security Code: _____

Name on Card: _____ Signature: _____

Billing Address For Card: _____ City/State/Zip _____

Greater Dover Chamber of Commerce & Visitors Center • 550 Central Avenue • Dover, NH • 603.742.2218

www.dovernh.org