the CHAMBER
Bethany-Fenwick Area Chamber of Commerce

Membership Application

BUSINESS INFORMATION

Company Name: _____

Primary Phone: _____ Fax: _____

Toll-Free Phone: _____ Company Website: _____

Physical Address: _____

Mailing Address: _____

Year Established: _____ Owner's Name: _____

Number of Full-Time Employees: ☐ 6 or less ☐ 7 – 15 ☐ 16 – 25 ☐ 26 – 50

Business Type: ☐ Year-Round ☐ Seasonal Home-Based Business: ☐ Yes ☐ No

Entity: ☐ Sole Proprietor ☐ LLC ☐ S-Corporation ☐ C-Corporation ☐ Nonprofit

Business Electricity Provider: ☐ Delmarva Power & Light ☐ Delaware Electric Co-Op ☐ Other

Markets Served: ☐ B2B ☐ B2C ☐ Both ☐ B2G Referred By: _____

Main Reason for Joining: ☐ Community Involvement ☐ Promotion ☐ Advocacy ☐ Networking

CONTACT INFORMATION (One contact must be the billing contact.)

Primary Contact Name: _____

Position Held: _____

Email: _____ Phone: _____

Is Billing Contact: ☐ Yes ☐ No

Other Contact Name (if applicable): _____

Position Held: _____

Email: _____ Phone: _____

Is Billing Contact: ☐ Yes ☐ No

ADDITIONAL INFORMATION

Business Description for Directory Listing: _____

_____

_____

_____

_____

Hours of Operation: _____

Additional Comments: _____

_____

MEMBERSHIP RATE INFORMATION

Annual dues are based on the number of full-time employees at a company, per the rate structure below. Dues are tax deductible as a business expense and cover a 12-month period from the month an application is submitted. Membership can be paid in full annually or billed monthly with a credit card on file. If your business has multiple locations in the BFACC membership, the rates will be based on full-time employees for one location and discounted at $200/yr. for every subsequent location. Checks can be made out to "The Bethany-Fenwick Area Chamber of Commerce."

RATE STRUCTURE

Nonprofit: $200

1099 Employee: $200

6 or Less Full-Time Employees: $295

7 – 15 Full-Time Employees: $350

16 – 25 Full-Time Employees: $395

26 – 50 Full-Time Employees: $450

51+ Full-Time Employees: $495

PAYMENT OPTIONS

☐ Cash or Check Enclosed

☐ Pay in Full with Credit Card

☐ Monthly Credit Card Charge

Card Number: _____

CCV: _____ Expiration: _____

Questions? Contact Membership at membership@thequietresorts.com or call (302) 539 – 2100 ext. 116.

Completed applications can be emailed to membership@thequietresorts.com or mailed to 36913 Coastal Hwy., Fenwick Island, DE 19944 or 33370 Main St., Dagsboro, DE 19939.