



Membership Application

The undersigned firm or individual hereby request application for membership in the Top of Virginia Regional Chamber (TVRC) and agrees to adhere to all bylaws, policies, and procedures adopted by the Board of Directors. The applicant and TVRC agree that this membership is for a twelve month period renewable annually until canceled in writing.

Membership fees are non-refundable and subject to change.

Company Name: _____ Employees # FT _____ #PT _____

Contact Name & Title: _____

Street Address: _____ City: _____

State: _____ Zip _____ Phone: _____ Alt: _____

Email: _____ Web: _____

Billing Contact: _____

Business Type: (Industry, Keywords) _____

Business description: _____

Please make check payable to TVRC and return with this signed application form or include credit card information below.

\$ _____ .00 Membership Fee
+ **\$35.00** (one time) Processing Fee

\$ _____ .00 TOTAL

Charge my credit card:
VISA, MC, Amex, Other: _____

(Card #)
Exp Date: ____ / ____
CC Street #: _____
CC Zip Code: _____
Sec. Code: _____

Applicant or Cardholder signature

Date: _____

General Investment:

1-5 Employees	\$305
6-10 Employees	\$375
11-20 Employees	\$530
21-50 Employees	\$600
51-100 Employees	\$895
101-300 Employees	\$1,445
301-500 Employees	\$2,110
501-1000 Employees	\$2,575
1001-2000 Employees	\$3,210
2001-3500 Employees	\$3,680
3501+ Employees	\$4,285

Non-Profit	\$235
Government	\$650

Please consult your tax advisor as to the percentage of your annual investment which can be tax deductible.

Investment is based on your business's Full Time Equivalent (FTE) employees in Clarke, Winchester, and Frederick County, VA. Part time employees count as 1/2 an employee.