

Membership Investment Schedule

(A one-time registration fee of \$25 is payable at the time of your initial application, plus your annual investment)

Please check the box that reflects your company's profile best, using one of the following two formulas and selecting whichever total is lower:

Divide total week payroll hours by 40 (i.e., 800 total payroll hours divided by 40 = 20 employees, or

Count two part-time Employees as one full-time Employee.

Business with 1-5 Employees, Partners or Agents.....	\$270 (1)	Each additional Office or Branch in Charles County	\$220 (1)
Business with 6-10 Employees, Partners or Agents	\$295 (1)	Restaurants: Number of seats	
Business with 11-15 Employees, Partners or Agents....	\$315 (1)	1-60 seats	\$270 61-130 seats\$341 130 & up seats\$835
Business with 16-20 Employees, Partners or Agents....	\$350 (2)	Not-For-Profit 501(c) and Non-Profit (Charitable)	
Business with 21-30 Employees, Partners or Agents....	\$390 (2)	501(c) (3) - 10 Employees or less.....	\$185 (1)
Business with 31-50 Employees, Partners or Agents....	\$430 (2)	Individual Membership - Not a Business or Profession.....	\$180 (**1)
Business with 51-75 Employees, Partners or Agents....	\$610 (3)	(#) Indicates number of voting and listed Company representatives.	
Business with 76-99 Employees, Partners or Agents....	\$730 (4)	** Business name may not be used for Chamber events or publications.	
Business with 100+ Employees, Partners or Agents ...	\$1105 (4)		

Membership Application

Name of Business: _____

Mailing/Billing Address: Street: _____ City: _____ Zip: _____

Business Location: _____

Phone (1): _____ Phone (2): _____

Fax Number: _____ Cell Phone: _____

E-Mail: _____ Website: _____

Main Business Representative: _____

Additional Reps. (\$135 each): _____

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

Type of Business: _____

Sponsored By: _____

(*Please have this signed by an active Chamber Representative or Chamber Staff)

Please consider this my application for membership in the Charles County Chamber of Commerce. In accordance with the membership investment schedule, I subscribe \$ _____ as my annual investment plus the one-time fee of \$25. I understand that my annual investment becomes payable on my anniversary date each year, and I agree to comply with the Bylaws of the Chamber.

Signature: _____

Membership investment in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not charitable tax deductions for Federal Income Tax purposes. The Chamber is not a charity. It is a Not-For-Profit advocate for area businesses.

Your company profile will be included on the Chamber Website after your membership dues have been received and your application has been approved by the Chamber's Board of Directors. Please give a brief description of the service and/or products you provide: (30 word limit)
Company Profile:

Reason for joining the Chamber: _____

Payment:

_____ Check Enclosed OR Please charge my: _____ VISA _____ MasterCard _____ AMEX _____ Discover

Name on Card: _____ Card #: _____

Expiration: _____ / _____ (mm/yyyy) 3 digit Verification Code: _____ (located on back of card) Billing Zip Code: _____