

To become a Member of the Rome Area Chamber of Commerce, enabling you to immediately take advantage of Chamber benefits, complete the following application, or call the Chamber at (315) 337-1700 if you have any questions.

Rome Area Chamber of Commerce Membership Application 2018-2019

Firm Name _____

Contact Person _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Billing Address _____

Year Established _____ Telephone _____

E-Mail Address _____ FAX _____

Web Address _____ Number of employees including yourself _____

1st Category of Business _____

2nd Category of Business (optional) _____

Note: Optional 2nd category listings will be included on the Chamber website only.

Product/Service _____

2018-2019 Membership Investment

Most businesses fall under the following guidelines:

Schedule 1. Commercial, Manufacturing, Service, Retail, Agricultural: \$265.30. if the business employs one or two people. If more than two, please add **\$9.50** for each additional full-time equivalent employee. (One full-time equivalent employee = 40 hours of part-time work.)

If you feel your business is not in this category please ask the Chamber for further information.

Total Membership Investment according to employee computation: \$ _____

Comments or reasons why joining the Chamber:

What can we do for you?

Please indicate method of payment:

Check Visa MC American Express Discover Exp.Date _____ Code# _____

Acct # _____ Signature _____

Please return with payment to: Rome Area Chamber of Commerce
139 West Dominick Street
Rome, New York 13440-5809

Membership Drive

Referred by: _____