

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 2019-2020

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 \_\_\_\_\_

1<sup>st</sup> Category of Business \_\_\_\_\_

2<sup>nd</sup> Category of Business (optional) \_\_\_\_\_

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

Product/Service \_\_\_\_\_

### **2019-2020 Membership Investment**

Most businesses fall under the following guidelines:

Schedule 1. Commercial, Manufacturing, Service, Retail, Agricultural: \$270.61. if the business employs one or two people. If more than two, please add **\$9.69** 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: \_\_\_\_\_