



MANHEIM CHAMBER
Local Focus • Local Growth • Local Support

**Manheim Area Chamber of Commerce
MEMBERSHIP APPLICATION**

Date: _____

MEMBERSHIP PROFILE

Name: _____

Company Name: _____

Mailing Address: _____

Physical Address: _____

Company Phone: _____ Fax: _____

General Business E-Mail: _____ Website: _____

Social Media Addresses: _____ Business Established: ___/___/___

BUSINESS CLASSIFICATION

Business Category: _____

Business Description: _____

EMPLOYEES

Primary Chamber Contact: _____

Title: _____ E-Mail: _____

Phone: _____ Cell: _____ Allow texts from Chamber:

Number of Employees: Full-Time _____ Part-Time _____

** Additional Employees	Title	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

** Listing department heads, team members in leadership roles, and employees who wish to be actively involved in Chamber programs will help us build a robust communication list.



TEAMS

Active membership involvement is the key to our success. We are primarily a volunteer organization and we rely on volunteers for our continued growth and improvement. Team involvement is a great way to gain experience and to network with other business professionals.

PROGRAMS: Educational seminars and networking events

EVENTS: Rock and Glow, Annual Meeting & Dinner, Fall Harvest Celebration

MEMBERSHIP & GROWTH: Member Recruitment and Retention

MANHEIM YOUNG PROFESSIONALS: #ilovemanheim, Keep PA Beautiful Spring Clean-Up, other related events

MARKET MANHEIM: Promoting downtown to enhance the social and economic vibrancy of our community

Please indicate your interest below:

Employee

E-mail

Team

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR ANNUAL MEMBERSHIP INVESTMENT

Program year July 1 – June 30

Individual Professional	\$50	26-50 employees	\$275
Up to 5 employees	\$125	Over 50 employees	\$325
6-10 employees	\$175	Non-Profit, Government,	
11-25 employees	\$225	or Volunteer Organization	\$100

**** For investment calculation: Two (2) part-time employees = One (1) full-time employee ****

Billing Contact: _____

Email: _____ Phone: _____

Billing Address: _____

Our check, payable to Manheim Area Chamber of Commerce, is enclosed.

Invoice me.

PLEASE RETURN TO:

Manheim Area Chamber of Commerce
15 E. High Street
Manheim, PA 17545

info@manheimchamber.com
717.665.6330

Thank you for your support of the

MANHEIM AREA CHAMBER OF COMMERCE

You can also apply online at ManheimChamber.com