



MEMBERSHIP APPLICATION

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Web _____

President/ CEO and Title _____

Primary Contact (if not President/CEO) & Title _____

Month/Year established _____ # of Empl: _____ Full time: _____ Part-time: _____

Business Category: _____

We use this category to refer your business. Please make sure the category you choose is one that: 1) places you with your competitors; and, 2) is an obvious choice for your business. Referrals are usually requested by category – make sure we can find you. The first category is free, \$60 each for additional category listings.

Additional listing(s) desired: _____.

Investment Amount

Table with 2 columns: Description, Amount. Rows include Base Amount (\$340.00), Plus New Member Processing Fee (35.00), Plus Additional Amount from Investment Schedule, Plus Additional Category Listings @ \$60 each, and Total Investment Amount.

Sponsored by

Volunteer's Name _____ Date _____

Method of Payment

Check ___ or ___ Amex ___ Visa ___ Mastercard # _____ Exp _____

If using Visa or MC, please provide: 3-digit security code (on back of card): _____

Zip Code for billing address for credit card: _____

Approved by

Company Representative's signature _____

Chamber Action

Date presented to Board of Directors _____

Membership in the Greater Wilmington Chamber of Commerce entitles you to all of our chamber publications, services and programs at no cost or, if there is a fee, at the discounted member rate. By signing this application and providing contact information, I authorize and consent for our company/organization to receive faxes, mail and/or emails sent by or on behalf of the Greater Wilmington Chamber of Commerce.