



Dinwiddie County Chamber of Commerce Membership Application

7301 Boydton Plank Road - Petersburg, VA 23803

Firm Name

date

Contact (Firm Representative) Name

Alternate Representative Name

Type of Business

Main Product/Service

Secondary Product/Service

Address

City, State, Zip

Phone

FAX

E-mail

Website Address

Referral Information – IMPORTANT!!

Referred by:

Company

Contact Name

Phone

<p>**No. of Employees _____ Add'l lunches ____ Additional locations in Dinwiddie County ____ Total Dues _____</p> <p style="text-align: center;"><input type="checkbox"/> Bill Me <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Charge</p> <p>Number of Additional Localities in Dinwiddie County _____ x \$35 = _____ (list localities on back)</p> <p>Number of lunches (beyond the first) _____ x \$70 = _____ (list names on back)</p> <p><i>(Dues include 1 lunch per month – Extra attendees pay \$9.00 each for lunch. Additional persons regularly attending can save money by paying \$70 for the year)</i></p> <p>Dues Schedule: No. Employees of Business: 1-2: \$100.00 3-50: \$150.00 51-99: \$200.00 100-250: \$250.00 251+: \$300.00</p> <p>Basic Dues include one location. Members must join in their entirety. A business with multiple locations, activities or enterprises in Dinwiddie must include all the employees and all locations.</p> <p>**No. of Employees means all workers active in the entire organization, including owners, regardless of location. Part time employees count as ½.</p> <p>All memberships are approved by the Board of Directors (4th Wednesday of each month). Membership goes into effect on the 1st day of the month following application date, and run to the last day of the previous month of the following year. All memberships are annual and renew on the anniversary. Renewal invoices are sent sixty days in advance of anniversary. Late renewals will be assessed a \$25 fee.</p>
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We hereby request membership in the
DINWIDDIE COUNTY CHAMBER OF COMMERCE, INC.

Applicant Signature

Chamber Representative Signature

MEMBERSHIP APPROVED:

Chairman of the Board

CREDIT CARD PAYMENT INFO:
Circle one: VISA MASTER CARD AMEX
ACCT # _____
EXPIRES: _____
NAME ON CARD: _____
AMOUNT: \$: _____

USE EXTRA PAGES FOR ADDITIONAL BRANCH INFORMATION