

**MEMBERSHIP APPLICATION**

BUSINESS NAME: \_\_\_\_\_

REPRESENTATIVE\*: (HAS VOTING RIGHTS): \_\_\_\_\_

REPRESENTATIVE EMAIL: \_\_\_\_\_

ALTERNATE REPRESENTATIVE\*: \_\_\_\_\_

ALTERNATE REP EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

MAIN PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ADDITIONAL PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TYPE OF BUSINESS/SERVICES OFFERED: \_\_\_\_\_

WEB-SITE ADDRESS: \_\_\_\_\_

SOCIAL MEDIA PAGES: \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS? \_\_\_\_\_

WOULD YOU LIKE TO MAKE A CONTRIBUTION TO THE SCHOLARSHIP FUND? \_\_\_\_\_ \$ \_\_\_\_\_

Referral Information – IMPORTANT

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Referred by \_\_\_\_\_

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Member/Business \_\_\_\_\_

**Dues Schedule:**

**Based on number of employees at ALL locations**

No. of Locations: \_\_\_\_\_ No. In Dinwiddie County \_\_\_\_\_

\_\_\_\_ 1 -2 = \$100.00 \_\_\_\_ 3-50 = \$150.00 \_\_\_\_ 51-99 = \$200.00

\_\_\_\_ 100-250 = \$250.00 \_\_\_\_ 251+ = \$300.00

Check Enclosed \_\_\_\_\_ Bill Me \_\_\_\_\_

If you wish to pay via Credit/Debit Card, select Bill Me and we will call for your card information upon application approval.

Dues include ONE lunch per month (or ONE lunch per Dinwiddie location). Additional lunches are \$10 per person. You may pay at the meeting or request to be invoiced.

All applications will be reviewed by the Board of Directors at its monthly meeting (4<sup>th</sup> Wednesday). Memberships will go into effect the 1<sup>st</sup> day of the following month. Renewal invoices will be mailed sixty (60) days prior to the anniversary date of the membership effective date.

**Application and payment may be mailed to the address listed above.**

\*The member representative holds voting rights for the business. The alternate may vote in his/her absence. Both representatives will receive both member-only emails and all other email correspondence from the Chamber. Upon approval, I will be asked to provide contact information (if different from above) and a logo for use on the Chamber's web-site. I understand that the information above may be used on the Chamber's web-site.

We hereby request membership in the Dinwiddie County Chamber of Commerce:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chamber Representative Signature: \_\_\_\_\_

**Please complete the information below:**

Do you have promotional items, literature, etc. that you would be willing to provide to us to hand out at membership meetings and other Chamber events? \_\_\_\_\_

Would you be willing to donate an item(s) to use as door prize(s) for our membership meetings and other Chamber events (even something as simple as a gift certificate to your business or a "goodie basket" of your promotional items would be welcome)? \_\_\_\_\_

Can you offer a discount or special deal on goods or services to fellow Chamber members? \_\_\_\_\_

If so, please list details below (this will be distributed to all members and included in welcome packet for new members).

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Would you be willing to sponsor/host a membership meeting? \_\_\_\_\_

Do you have a topic you would like to speak on/share at a membership meeting? \_\_\_\_\_ If so, please list:

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What can the Chamber do for you? List any topics/events/etc. that you would like to see the Chamber provide more information on.

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Other comments/suggestions: \_\_\_\_\_

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**CHAMBER USE ONLY:**

APP'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

RENEWAL DATE: \_\_\_\_\_ MEMBER TYPE: INTRODUCTORY OR REGULAR