



The Chamber

DINWIDDIE COUNTY CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

BUSINESS NAME: _____

REPRESENTATIVE*: (HAS VOTING RIGHTS): _____

REPRESENTATIVE EMAIL: _____

ALTERNATE REPRESENTATIVE*: _____

ALTERNATE REP EMAIL: _____

BILLING POC (IF DIFFERENT FROM PRIMARY REPRESENTATIVE): _____

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? _____ CHAMBER MEMBER: _____ YEARS

Dues:

Based on number of employees at ALL locations

Non-profit organizations receive a 50% discount on dues based on the number of employees (please provide paperwork verifying your non-profit status -only need to provide one time)

____ Non-profit organization No. of Locations: ____ No. of locations in Dinwiddie County ____

____ 1 -10 employees = \$100.00 ____ 11--50 employees = \$150.00 ____ 51-100 employees = \$200.00

____ 101+ employees = \$300.00

____ Check Enclosed ____ Bill Me

If you wish to pay via Credit/Debit Card, select Bill Me and we will email an invoice to the primary representative if a billing POC is not provided.

All new applications will be reviewed for approval by the Board of Directors at its monthly meeting. Memberships will go into effect the first day of the following month. Renewal invoices will be mailed in January.

**Mail application and check payments to the address listed above.
If being billed, the application can be returned via email.**

*The member representative holds voting rights for the business. The alternate may vote in his/her absence. Both representatives will receive correspondence from the Chamber. Upon approval, you will be asked to provide an electronic version of your logo for use on the Chamber's web-site and/or Facebook page for promotional reasons.

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

Applicant Signature: _____ Date: _____

Representative signature (if different from above) _____ Date: _____

CHAMBER USE ONLY:

Date Approved: _____ **Board Members Voting:** _____ **Effective Date of Membership:** _____

Membership/Marketing Specialist Name: _____

Membership/Marketing Specialist Signature: _____