



# APPLICATION FOR MEMBERSHIP IN THE GREATER SPRINGFIELD CHAMBER OF COMMERCE

Date: \_\_\_\_\_

Company DBA Name (*this is the member*): \_\_\_\_\_

Name and Title of Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

Total # of Full-Time Employees: \_\_\_\_\_ Total # of Part-Time Employees: \_\_\_\_\_

Type of business: \_\_\_\_\_ Government Contractor? Y\_\_\_\_ N\_\_\_\_

Brief description of company (25 words or less) for inclusion in New Members section of the Chamber newsletter-*IMAGE*: \_\_\_\_\_

## DUES STRUCTURE

*Annual investment is based on the total number of employees (full & part-time) at the company address included on this membership application.*

Total Number of Company Employees	Annual Investment
1-4	\$ 225.00
5-24	\$ 295.00
25-99	\$ 405.00
100-199	\$ 640.00
200+	\$ 900.00

## METHOD OF PAYMENT

CHECK     VISA     M/C     AMEX

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Holder Address with Zip (as appears on statement): \_\_\_\_\_

Signature: \_\_\_\_\_

Annual Dues Investment	\$ _____
One Time Processing Fee	\$ 25.00
Total Membership Fee	\$ _____

## MAIL APPLICATION AND PAYMENT TO:

Greater Springfield Chamber of Commerce  
6434 Brandon Avenue, Suite 3A  
Springfield, VA 22150  
703-866-3500 phone  
703-866-3501 fax

*Rates Valid Through July 2011*