



Membership Application

Organization Information:

Organization Name _____ Date _____
Mailing Address _____
City _____ State _____ Zip _____
Physical Address _____
City _____ State _____ Zip _____
Main Phone Number _____ Main Email Address _____
Main Website _____ Fax _____
Type of Business _____ How many years in business _____

Employee/Contact Information:

Number of Employees: Full Time _____ Part Time _____
Primary Contact _____ Title _____
Email _____ Phone _____
Other Contact _____ Title _____
Email _____ Phone _____

How did you first hear about the MIDJersey Chamber?

Event Website Social Media Newspaper Email Referred by _____

From which source were you given/did you locate the Membership Application?

Staff Website *midJersey Business* Magazine Social Media Referral Chamber Event

Questions? Contact our Membership Department 609-689-9960 x 17

Method of Payment:

Check MasterCard Visa Amex Discover Bank Account Draft | Amount _____
(See page 2 for Membership Prices)

Card Number _____ Exp _____ SID _____
Cardholder Name _____
Billing Address of Card Holder _____
Signature _____ Date _____

MIDJersey Chamber of Commerce
Automatic Reoccurring Membership Billing

Member Organization Name _____ Customer ID# _____

<u>Bank Account Debits</u>	<u>Credit Card Payments</u>
<p>I authorize the MIDJersey Chamber of Commerce to initiate debit entries to my account at the depository entered below to renew my membership during the month of its expiration.</p> <p>My account will remain subject to its individual terms and conditions, which are not modified by this authorization. I acknowledge that the origination of these transactions must comply with the provisions of the Federal and State law. I understand that this authorization will remain in full force and effect until the MIDJersey Chamber of Commerce has received written notification from me of its alteration or termination at least 30 days prior to the next scheduled withdrawal. I understand that I will be subject to a \$25 service charge for insufficient funds. I also understand that three instances of insufficient funds will cause automatic cancellation of the debit authorization.</p>	<p>I authorize the MIDJersey Chamber of Commerce to bill my credit card automatically to renew my membership during the month of its expiration.</p> <p>I understand that this authorization will remain in full force and effect until the MIDJersey Regional Chamber of Commerce has received written notification of its alteration or termination at least 30 days prior to the next scheduled charge.</p>
<p>Signature _____ Date _____</p>	<p>Signature _____ Date _____</p>
<p>Please choose your choice of payment terms: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly</p>	<p>Please choose your choice of payment terms: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly</p>
<p>Depository Name _____</p>	<p>Name of Cardholder _____</p>
<p>Branch _____ Phone _____</p>	<p>Billing Address _____</p>
<p>City, State, Zip _____</p>	<p>City, State, Zip _____</p>
<p>Routing Number _____</p>	<p>Card Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p>
<p>Account Number _____</p>	<p>Account Number _____</p>
<p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>	<p>Exp Date _____ SID _____</p>

Annual Membership Investment Rates

Employee Count	Membership Dues	Nonprofit 501c3 Dues
1-5	\$350	\$300
6-10	\$375	\$325
11-25	\$450	\$385
26-50	\$500	\$425
51-60	\$555	\$485
61-80	\$675	\$575
81-100	\$750	\$675
101-150	\$1,000	\$845
151-200	\$1,150	\$975
201-250	\$1,450	\$1,250
251-350	\$1,650	\$1,425
351-500	\$2,000	\$1,725
501-1000	\$2,750	\$2,275
1001+	Please call the office for membership rates	