

Member Information



Please Return Application and Payment to:
ROANOKE REGIONAL CHAMBER OF COMMERCE
210 S. JEFFERSON ST. □ ROANOKE, VA 24011-1702
OR FAX TO: 540.983.0723

Business/Organization _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Number of Employees: Full Time _____ Part Time _____

Phone _____ Fax _____

General Email _____ Web Site _____

Business Classification – Refer to the membership directory at www.roanokechamber.org for a complete list of business classifications used for referrals.

(1) _____ (2) _____ (3) _____

Business Description – You may include specific details about your business/organization in 20 words or less.

Examples: tagline, mission, services provided, whatever makes your company unique

Primary Contact _____

Title _____ Email _____

(Additional representatives also will receive Chamber mailings, faxes, and/or Emails)

2nd Contact _____ 3rd Contact _____

Title _____ Title _____

Email _____ Email _____

Preferred Method of Communication: Email only Mail only Both Email and Mail

Why is your company/organization joining the Chamber? (Check all that apply)

- Networking Opportunities Legislative Advocacy Advertising/Promotional Opportunities
 Business Assistance Information Community Responsibility

I understand that by providing my business' contact information, I am providing authorization for the employees listed on this application to receive communications sent by, or on behalf of, the Roanoke Regional Chamber of Commerce (and its subsidiaries and/or affiliates) via U.S. mail, Email, telephone, or fax until the Chamber is otherwise notified by the individuals.

Authorized Signature _____ Date _____

Sponsor _____ Date _____

MAKING THINGS BETTER FOR BUSINESS

210 S. JEFFERSON ST. □ ROANOKE, VIRGINIA 24011-1702
540.983.0700 □ BUSINESS@ROANOKECHAMBER.ORG

Membership Investment



Choose and complete the one that applies to your company/organization:

- General Membership** - includes first 5 employees \$310
 (This category applies to all members except those listed in special schedules below)
 PLUS \$5 for each additional employee (2 part time = 1 full time) \$5 X _____ = \$ _____
- Professional/Insurance/Real Estate** - includes first principal professional \$310
 (Physicians, dentists, other licensed medical practitioners, accountants, architects, attorneys, engineers, stockbrokers)
 PLUS \$59.50 for each additional professional associate \$59.50 X _____ = \$ _____
- Banks & Financial Institutions** - minimum investment base \$310
 PLUS \$35 for each million dollars of local assets \$35 X _____ = \$ _____
- Hotels/Motels** - minimum investment base \$310
 PLUS \$4 for each guest room (property with dining/meeting facilities) \$4 X _____ = \$ _____
 PLUS \$2.75 for each guest room (property without dining/meeting facilities) \$2.75 X _____ = \$ _____

Annual Membership Investment \$ _____
 Application Fee (one time) + \$25

Total Membership Investment \$ _____

I would like to pay the annual membership investment: annually semi-annually monthly* quarterly

PAYMENT: My check is enclosed VISA MC AMEX DISCOVER

Card Number _____ Exp. Date _____

If using a VISA, please list the last three digits on back of the card _____ Phone _____

Name of credit card holder (please print) _____

Credit card billing address _____ Zip _____

Card holder signature _____

*Recurring Credit Card Payment Agreement

Your company may choose to pay dues through an automatic debit from a credit card account. Membership and monthly dues draft are authorized for a 12-month period and will renew automatically on the annual anniversary. (The application fee is paid separately in the first month.)

I (we) authorize the Roanoke Regional Chamber of Commerce, hereinafter called CHAMBER, to initiate debit entries to my (our) credit card account above.

I (we) further agree that this authority is to remain in full force and effect until CHAMBER has received written notification from me (us) on or before the 25th of the month of its termination, in such time and such manner as to afford CHAMBER a reasonable opportunity to act on such notification.

I (we) understand that the amount of \$ _____ (annual membership investment divided by 12 months) will be the monthly debit for the next 12 months, but is subject to change without notice or further authorization from me (us) to reflect the current dues schedule after that time, as authorized by the CHAMBER Board of Directors.

Printed Name _____ Date _____

Authorized Signature _____ Date _____

Your Chamber investment is not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion, however, is not deductible as an ordinary and necessary business expense to the extent that the Roanoke Regional Chamber engages in state and federal lobbying. The non-deductible portion is 8%. U.S. Postal regulations require the Roanoke Regional Chamber to inform members that dues investments include a \$12 subscription to the quarterly *Business Connections* publication.