

Application for Membership

Date \_\_\_\_\_

Firm \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

No. Full-time employees \_\_\_\_\_

No. Part-time employees \_\_\_\_\_

Designated Representative \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Fair Share Investment \$ \_\_\_\_\_

Please return to:  
Isle of Wight • Smithfield • Windsor  
Chamber of Commerce  
P.O. Box 38  
Smithfield, VA 23431-0038

Membership Agreement

In support of the Isle of Wight • Smithfield • Windsor Chamber of Commerce, the undersigned, joining with other area business leaders, hereby subscribes to membership in the Chamber and agrees to pay annual investments as specified in the organization's investment schedule.

It is agreed that such investment shall continue from year to year until cancelled by written notice while still in good standing, and that such investments are payable in advance.

Signed \_\_\_\_\_

Title \_\_\_\_\_

This application accepted pending approval by the Board of Directors at their next regularly scheduled meeting.

This investment is deductible from income tax as a business expense.



CHAMBER OF COMMERCE

# Membership Application

**Isle of Wight • Smithfield • Windsor  
CHAMBER OF COMMERCE**

**100 Main Street  
P. O. Box 38  
Smithfield, VA 23431-0038**

**Phone: (757) 357-3502  
Toll Free: 1-888-2-THE-ISLE  
Fax: (757) 357-6884  
E-mail: chamber@theisle.org  
www.theisle.org**

## Membership Investment Schedule

### Employee Based

Number of Employees	Fair Share Investment
---------------------	-----------------------

Owner-manager	\$165.00
1-5	\$215.00
6-12	\$330.00
13-25	\$455.00
26-50	\$525.00
51-75	\$620.00
76-100	\$740.00
Over 100	\$740.00 plus <small>\$1.50 per employee, maximum \$1,600</small>

We Accept:

VISA     MasterCard     AmEx

Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSC \_\_\_\_\_ (3-digit code)

Authorized Signature

---

## Investment Based on Other Than Number of Employees

**Associate Members** \$130.00

**Banks/Savings & Loans**

Base rate of \$215.00 + \$20.00 per million in deposits

**Civic Organizations** \$130.00

**Government & Industry** Negotiable

**Hospitals**

Base rate of \$215.00 + \$3.00 per bed

**Independent Contractors**

Base rate of \$215.00 + \$55.00 per active agent

**Motels**

Base rate of \$215.00 + \$6.00 per room

**Non-Profit Organizations**

\$130.00

**Nursing Homes**

Base rate of \$215.00 + \$3.00 per bed

**Private Schools**

Base rate of \$215.00 + 35¢ per student

**Restaurants**

\$215.00 minimum, based on employees

**Restaurants/Motels**

\$215.00 minimum, based on employees + \$3.00 per room

## Representation

Any person, firm, association, corporation, partnership, or estate eligible for membership shall acquire one membership unit for each multiple of minimum investment paid and may designate an individual to represent each membership unit.

NOTE: Firms with seasonal employees may compute membership investment based on the average number of employees for the year. Two part-time employees equal one full-time employee.