

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 _____

Far 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 | \$160.00 |
| 1-5 | \$210.00 |
| 6-12 | \$320.00 |
| 13-25 | \$440.00 |
| 26-50 | \$510.00 |
| 51-75 | \$600.00 |
| 76-100 | \$720.00 |
| Over 100 | \$720.00 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 \$125.00

Banks/Savings & Loans

Base rate of \$210.00 + \$20.00 per million in deposits

Civic Organizations \$125.00

Government & Industry Negotiable

Hospitals

Base rate of \$210.00 + \$3.00 per bed

Independent Contractors

Base rate of \$210.00 + \$55.00 per active agent

Motels

Base rate of \$210.00 + \$6.00 per room

Non-Profit Organizations

\$125.00

Nursing Homes

Base rate of \$210.00 + \$3.00 per bed

Private Schools

Base rate of \$210.00 + 35¢ per student

Restaurants

\$210.00 minimum, based on employees

Restaurants/Motels

\$210.00 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.