



# LONGMONT AREA CHAMBER OF COMMERCE

## 2016 Membership Application

## Member Business Information

*This information will appear in the Membership Directory & Resource Guide and the Online Directory*

Company Name \_\_\_\_\_ Year Established \_\_\_\_\_

Street Address (visible in directory) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Toll Free Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Website Address \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Contact \_\_\_\_\_ \*Email Address \_\_\_\_\_

Business Directory Classification #1 \_\_\_\_\_

Business Description (15 words or less) \_\_\_\_\_

## Company Employees

*Additional employees to receive e-mail updates and Chamber communications.*

Name \_\_\_\_\_ \*Email \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ \*Email \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ \*Email \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_

## Dues Schedule

*Investment is based on # of Full-Time Equivalent Employees (FTE)*

*Please include 1X Membership Processing Fee \$25*

Second Location	\$150		
Non Profit (501C3)	\$345	51-75 Employees	\$950
0-2 Employees	\$375	76-100 Employees	\$1150
3-5 Employees	\$450	101-250 Employees	\$1350
6-10 Employees	\$500	251-500 Employees	\$1900
11-20 Employees	\$600	501-1000 Employees	\$2200
21-50 Employees	\$735	1,000+ Employees	\$2600

*FTE = # of employees that equal the amount of 40 hours per work week, i.e. 2 employees with 20 hours/wkly = 1 FTE*

\*By giving your email, you agree to receive correspondence from the Chamber of Commerce.

**Multiple Location Membership  
2<sup>nd</sup> Location Listing & Contacts**

*\$150 additional Membership Dues for 2<sup>nd</sup> Location*

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Toll Free Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Website Address \_\_\_\_\_

Key Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

*Additional contacts:*

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**Additional Listings**

*Your business is eligible for up to (3) directory listings in addition to the (1) included in your Membership i.e. In addition to Copiers, listings in Office Equipment and Printing may be advantageous.*

Business Directory Classification #2 \_\_\_\_\_ \$ 25.00

Business Directory Classification #3 \_\_\_\_\_ \$ 25.00

**LogoLINK**

*Enhance your online presence*

4-color logo adjacent your online web listing, linking directly to your website \$ 95.00

**TOTAL**

# of Full Time Employees \_\_\_\_\_

# of Part Time Employees \_\_\_\_\_

**I prefer to pay: (please check one)**

\*Quarterly  \*Semi-Annually  Annually

(\*additional \$5 fee per payment)

\_\_\_\_\_ I authorize the Longmont Chamber to Charge my credit card for Member Dues. The Chamber will charge for dues until I submit wishes otherwise in writing.

Annual Dues \$ \_\_\_\_\_

Multiple Locations \$ \_\_\_\_\_

Additional Listings \$ \_\_\_\_\_

LogoLINK \$ \_\_\_\_\_

1X Processing Fee \$ 25.00

\*Quarterly/Semi-Annual Fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**This is an annual contract and dues are non-refundable** Today's Date: \_\_\_\_\_

***This information is confidential***

Were you referred? YES NO Referred by \_\_\_\_\_

Method of Payment Check # \_\_\_\_\_ MasterCard Visa

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Card Code \_\_\_\_\_

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

By typing/signing my name here I agree to all terms of the Membership Application