



Plymouth Chamber of Commerce Membership Data Form

Business Name: _____

Primary Contact: This person will be the main contact for your membership. He/She will receive all ballots, invoices, & other mailings regarding decisions affecting your membership.
You may add additional names to the Chamber's General mailing list to receive newsletters and general program information. See Below.

Primary Contact: First Name: _____ Last Name: _____
Title: _____ Nickname: _____
Mailing Address (if different from company address) _____

Physical Address of Business:

Street/Unit #: _____
Town: _____
State/Zip: _____

Mailing Address of Business:

Street/PO/RR: _____
Town: _____
State/Zip: _____

<i>Office Use Only</i>	
_____	Date Rcvd.
_____	Letter / Call
_____	Ambassador
_____	D-Base
_____	Newsletter
_____	Web Site
_____	1 st Free
_____	Other

Phone Numbers:

Local: _____ Toll free/800 Phone #: _____ Fax #: _____

Internet Info:

E-mail address: _____ Do you want this published? Yes No

Web Site address: http://_____

Do you wish your web site to be linked to the chambers web site? Yes No Initials _____
(there is no charge for this service)

Would you be willing to include a link to our website on your website? Yes No

Billing Address: (if different from above)

Street/PO: _____
Town: _____
State/Zip: _____

Billing Contact: (if different from above): _____

Including yourself and family members who work in the business, how many employees do you have?
_____ Full Time _____ Part Time

What year was your business established? _____ Is this a Seasonal Business? _____

Are you locally owned? _____ Are you locally managed? _____

Name of parent / holding / management company - if any: _____

What is the classification of your business: (circle one) Main Office / Affiliation / Branch / Division /Subsidiary

Primary Category: (please check the category listing on our website plymouthnh.org)
(This will help determine where you are listed in our Chamber Business Directories.)

Additional Category(s): (each additional category is \$15 per year)

Business Description: In 20 words or less tell us about your business, what products/services do you offer or provide?

Directions to your business:

Days/Hours of Operation: (please list by season if necessary & list any large block of time that you may be closed)

Is your business handicap accessible? (circle one) Yes No

Is your establishment (circle one) Smoking Non-Smoking

Any special instructions/information for our staff:

Rewards / Honors / Special Recognition your business has received within the past 3 years?

Who introduced you/referred you to the Chamber of Commerce? _____

Are you a member of any other area Chamber of Commerce? If so, which one(s)_____

Thank you for your support!



Plymouth Chamber of Commerce Membership Status / Application Form

Membership:

The Chamber's Membership Year runs from May 1st through April 30th, *however*, businesses may join the Chamber at any time during the year. Memberships will be pro-rated on a monthly basis for those joining in a month other than May. Our Chamber staff will figure pro-rated payments for you.

A minimum of 6 months membership dues must be paid at the time of joining, regardless of the month you join in.

Membership Dues are based on the following:

- Size of your Business Membership is determined by the **number of full-time equivalent employees*** for your business.
- ***An employee is defined as** any person receiving a K1, W2, or 1099 from your business. Be sure to include yourself and any family members averaging 40 hours/week. Two part-time employees averaging 20 hours/week equal one full-time employee.

Business Name: _____

Membership Categories:

Please select the category that describes your business *as determined by the number of full-time equivalent* employees.*
(please see above)

_____ **Small Business Member:** \$175 /year, 1-2 full-time equivalent employees*

_____ **Medium Business Member:** \$345/year, 3-49 full-time equivalent employees*

_____ **'Large-A' Business Member:** \$685/year, 50-249 full-time equivalent employees*

_____ **'Large-B' Business Member:** \$1050/year, 250 or more full-time equivalent employees*

_____ **Non-Profit / Charitable Organization:** \$80/year, must be an IRS recognized charitable organization

_____ **Friend of the Chamber:** \$80/year, an individual membership

If necessary, please contact the Chamber office at 536-1001 for assistance in figuring your membership payment.

Return this completed form, as well as the completed Member Data Form, with payment to:
Plymouth Chamber of Commerce, PO Box 65, Plymouth, NH 03264

Make Checks Payable to: *Plymouth Chamber of Commerce*

Amount Enclosed: _____

Credit Card Payments are accepted: (circle one) MasterCard Visa American Express

Cardholder: _____ Card #: _____

Expiration Date: _____ Signature: _____