

Membership Application

Fax: 757.622.5563

Email: membership@hrccva.com

MEMBERSHIP LISTING (as you want your listing to appear in the online *Membership Directory* and other publications.)

Firm Name:

Primary Contact (Mr. Ms. Mrs. Dr.):

Title:

Mailing Address:

City: State: Zip:

Street Address (if different from above):

City: State: Zip + 4:

Phone: Fax:

Email: Website:

Minority Ownership: Yes No Female Ownership: Yes No Veteran Ownership: Yes No Disability Ownership: Yes No

Number of full-time employees: Number of part-time employees:

Description of Business for Online Directory Listing (Additional category listings are \$100 each):

Social Media Links: Facebook: Twitter: LinkedIn:

ADDITIONAL CONTACTS

Name: Title: Email:

Name: Title: Email:

Name: Title: Email:

How did you hear about the Hampton Roads Chamber of Commerce?

| | |
|--|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Chamber Volunteer |
| <input type="checkbox"/> Chamber Staff | <input type="checkbox"/> Direct Mail Piece |
| <input type="checkbox"/> Chamber's Website | <input type="checkbox"/> Email |
| <input type="checkbox"/> Print Ad | <input type="checkbox"/> Chamber Event |
| <input type="checkbox"/> TV Ad | <input type="checkbox"/> Other (please explain) |

Reasons for joining the Hampton Roads Chamber of Commerce:

| | |
|---|--|
| <input type="checkbox"/> Benefit Programs | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Sync757 |
| <input type="checkbox"/> Networking Events | <input type="checkbox"/> Marketing/Advertising Opportunities |
| <input type="checkbox"/> Educational/Professional Development | <input type="checkbox"/> Other (please explain) |



Be a part our exclusive Member-to-Member Discount Program!

Member to Member Discounts allow you to earn discounts when you do business with fellow Chamber members. Please describe your discount here, so it can be included in our marketing materials:

Terms & Conditions

The undersigned hereby unites with others in underwriting a PLAN OF ACTION for the Hampton Roads Chamber of Commerce and agrees to pay the sum of \$ _____ dollars annually, plus a one time processing fee of \$25.00. This investment entitles the firm named on the first page to full membership in the Hampton Roads Chamber of Commerce with all attendant services and benefits, when accepted by the Board of Directors. Your Chamber investment is 100% tax deductible as an ordinary and necessary business expense. My company gives permission for any and all use of my company name, employee(s) name(s), recognition in publications and photographs, in the news media, Chamber publications, collateral material, and on the Hampton Roads Chamber of Commerce website, in regard to any or all Hampton Roads Chamber events and programs. My company also gives the Chamber permission to communicate with my contacts by fax and email (PLEASE NOTE: The Chamber DOES NOT rent or sell member emails and you may change your email options at any time) and to publish phone and fax numbers in Chamber publications and/or on the Chamber website. Annual rate is subject to yearly adjustment. Dues are renewed automatically on an annual basis unless cancelled in writing.

Signature:

ACCOUNT INFORMATION

Annual Membership Investment \$ _____

Additional Category Listing (___ @\$100) \$ _____

Additional Location(s) (___ @\$250) \$ _____

Other \$ _____

Processing Fee \$ 25.00

Sign up for two years of Chamber membership and we'll waive the processing fee!

Amount Due \$ _____

Make checks payable to:

Hampton Roads Chamber of Commerce

METHOD OF PAYMENT (check one)

Cash Check Charge

Account Number _____

Expiration Date _____

Name (as it appears on card) _____

Billing Address (if different than above) _____

Signature

Clear Form

Print Form

Email Form

Membership dues are 100% tax deductible as a business expense!

Sold by: _____ Company: _____ Date: _____