

# Member Information



**Please Return Application and Payment to:**  
**ROANOKE REGIONAL CHAMBER OF COMMERCE**  
210 S. JEFFERSON ST. □ ROANOKE, VA 24011-1702  
OR FAX TO: 540.983.0723

Business/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

General Email \_\_\_\_\_ Web Site \_\_\_\_\_

Business Classification – Refer to the membership directory at [www.roanokechamber.org](http://www.roanokechamber.org) for a complete list of business classifications used for referrals.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Business Description – You may include specific details about your business/organization in 20 words or less.

Examples: tagline, mission, services provided, whatever makes your company unique

\_\_\_\_\_  
\_\_\_\_\_

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

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

(Additional representatives also will receive Chamber mailings, faxes, and/or Emails)

2nd Contact \_\_\_\_\_ 3rd Contact \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Communication:  Email only  Mail only  Both Email and Mail

Why is your company/organization joining the Chamber? (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Advertising/Promotional Opportunities |
| <input type="checkbox"/> Business Assistance      | <input type="checkbox"/> Information          | <input type="checkbox"/> Community Responsibility              |

I understand that by providing my business' contact information, I am providing authorization for the employees listed on this application to receive communications sent by, or on behalf of, the Roanoke Regional Chamber of Commerce (and its subsidiaries and/or affiliates) via U.S. mail, Email, telephone, or fax until the Chamber is otherwise notified by the individuals.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

**MAKING THINGS BETTER FOR BUSINESS**

210 S. JEFFERSON ST. □ ROANOKE, VIRGINIA 24011-1702  
540.983.0700 □ BUSINESS@ROANOKECHAMBER.ORG

# Membership Investment



Choose and complete the one that applies to your company/organization:

- General Membership** - includes first 5 employees ..... \$295  
 (This category applies to all members except those listed in special schedules below)  
 PLUS \$5 for each additional employee (2 part time = 1 full time) \$5 X \_\_\_\_\_ = \$ \_\_\_\_\_
- Professional/Insurance/Real Estate** - includes first principal professional ..... \$295  
 (Physicians, dentists, other licensed medical practitioners, accountants, architects, attorneys, engineers, stockbrokers)  
 PLUS \$59.50 for each additional professional associate \$59.50 X \_\_\_\_\_ = \$ \_\_\_\_\_
- Banks & Financial Institutions** - minimum investment base ..... \$295  
 PLUS \$35 for each million dollars of local assets \$35 X \_\_\_\_\_ = \$ \_\_\_\_\_
- Hotels/Motels** - minimum investment base ..... \$295  
 PLUS \$4 for each guest room (property with dining/meeting facilities) \$4 X \_\_\_\_\_ = \$ \_\_\_\_\_  
 PLUS \$2.75 for each guest room (property without dining/meeting facilities) \$2.75 X \_\_\_\_\_ = \$ \_\_\_\_\_

Annual Membership Investment \$ \_\_\_\_\_  
 Application Fee (one time) + \$25  
 -----  
**Total Membership Investment** \$ \_\_\_\_\_

I would like to pay the annual membership investment:  annually  semi-annually  monthly\*  quarterly

P A Y M E N T:  My check is enclosed  VISA  MC  AMEX  DISCOVER

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

If using a VISA, please list the last three digits on back of the card \_\_\_\_\_

Name of credit card holder (please print) \_\_\_\_\_

Credit card billing address \_\_\_\_\_ Zip \_\_\_\_\_

Card holder signature \_\_\_\_\_

## \*Recurring Credit Card Payment Agreement

Your company may choose to pay dues through an automatic debit from a credit card account. Membership and monthly dues draft are authorized for a 12-month period and will renew automatically on the annual anniversary. (The application fee is paid separately in the first month.)

I (we) authorize the Roanoke Regional Chamber of Commerce, hereinafter called CHAMBER, to initiate debit entries to my (our) credit card account above.

I (we) further agree that this authority is to remain in full force and effect until CHAMBER has received written notification from me (us) on or before the 25th of the month of its termination, in such time and such manner as to afford CHAMBER a reasonable opportunity to act on such notification.

I (we) understand that the amount of \$ \_\_\_\_\_ (annual membership investment divided by 12 months) will be the monthly debit for the next 12 months, but is subject to change without notice or further authorization from me (us) to reflect the current dues schedule after that time, as authorized by the CHAMBER Board of Directors.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_