



Member Information

Please Return Application and Payment to:

Roanoke Regional Chamber

210 S. Jefferson St. ☐ Roanoke, VA 24011-1702

Fax to: 540-983-0723 or E-Mail to: csmith@RoanokeChamber.org

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 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 _____

**ROANOKE REGIONAL CHAMBER
IT'S OUR BUSINESS**

**210 S. JEFFERSON ST. ☐ ROANOKE, VIRGINIA 24011-1702
540-983-0700 ☐ BUSINESS@ROANOKECHAMBER.ORG**



Membership Investment

- Summit Membership: Please contact us to determine the fee.
Your Summit membership offers exclusive positioning while supporting our work to strengthen the regional economy.
- Peak Membership: Please contact us to determine the fee.
Peak members gain insight into the inner workings of our region through carefully-crafted programs that make the most of your time.
- Aspire Membership..... \$1,700
Aspire membership puts your business among an elite group of investors helping the Chamber to invest more into our mission.
- Ascend Membership..... \$750
Ascend members receive even more exposure built into your annual membership.
- Basic Membership..... \$370

Total Membership Investment \$ _____

I would like to pay the annual membership investment: annually semi-annually

PAYMENT: My check is enclosed VISA MC AMEX DISCOVER

Card Number _____ Exp. Date _____

Security Code _____ Phone Number _____

Name of credit card holder (please print) _____

Credit card billing address _____ Zip _____

Card holder signature _____

Your Chamber investment is not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion, however, is not deductible as an ordinary and necessary business expense to the extent that the Roanoke Regional Chamber engages in state and federal lobbying. The non-deductible portion is 8%.

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