## **MEMBERSHIP APPLICATION**











| Business/Organization   |                                      |   |  |  |
|---|--------------------------------------|---|--|--|
| Mailing Address   |                                      | _ City                                      | Zip  |  |
| Physical Address  |                                      | _ City                                      | Zip  |  |
| Number of Employees: Full-time  | Part-time .                          |   |  |  |
| Phone   |                                      | _ Fax                                       |  |  |
| General Email   |                                      | Website                                     |  |  |
| Business Classification – Refer to  | the membership directory at          | www.RoanokeCh                               | amber.org for a complete list of business  |  |
| classifications used for referrals.   |                                      |   |  |  |
| (1)   | (2)                                  |   | (3)  |  |
| Business Description – You may in Examples: tagline, mission, services provides   |                                      |   | ranization in <u>20 words or less</u> .  |  |
| Primary Contact   |                                      |   |  |  |
| Title   |                                      | Email                                       |  |  |
| (Additional representatives also will receiv  | ve Chamber mailings, faxes, and/or e | emails)                                     |  |  |
| 2nd Contact   |                                      | 3rd Contact                                 |  |  |
| Title   |                                      | Title                                       |  |  |
| Email   |                                      | Email                                       |  |  |
| Preferred Method of Communicat  | ion: Email only                      | ☐ Mail only                                 | ☐ Both Email and Mail  |  |
| Why is your company/organizatio   | n joining the Chamber? (Chec         | k all that apply)                           |  |  |
| □ Networking Opportunities  | Legislative Advocacy                 | Adve  | tising/Promotional Opportunities   |  |
| ☐ Business Assistance   | Information                          | Comr  | nunity Responsibility  |  |
| Is your company Veteran owned?  | (51% ownership)                      |   |  |  |
| YES   | □ NO                                 |   |  |  |
| I understand that by providing my busines<br>communications sent by, or on behalf of, to<br>or fax until the Chamber is otherwise notif | ne Roanoke Regional Chamber of Co    | authorization for the ommerce (and its subs | employees listed on this application to receive idiaries and/or affiliates) via U.S. mail, email, telephone, |  |
| Authorized Signature  |                                      |   | Date   |  |
| Sponsor   |                                      |   | Date   |  |



## **MEMBERSHIP INVESTMENT**

| Summit Membership: Please contact us to determine the fee.  Your Summit membership offers exclusive positioning while supporting our wo   | rk 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   |  |  |  |  |
| Ascend Membership   |  |  |  |  |
| Basic Membership  | \$380                                  |  |  |  |
| Tota  | al Membership Investment \$            |  |  |  |
| I would like to pay the annual membership investment:   | semi-annually                          |  |  |  |
| PAYMENT: My check is enclosed VISA MC AMEX  | DISCOVER                               |  |  |  |
| Card Number   | Exp. Date                              |  |  |  |
| Security Code Phone   | Email                                  |  |  |  |
| 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 10%.