Eastern Shore of Virginia Chamber of Commerce MEMBERSHIP APPLICATION

I request consideration of the following business, organization or individual for membership in the Eastern Shore Chamber of Commerce:

Business Name:			_
Representative(s):			-
Mailing Address:			
Physical Address:			
E-Mail Address:			-
Web Site:			_
Phone:		Fax:	_
Type of Business:			_
Business Categories: _ (1 free; \$10 each add	itional listi	ing)	-
Number of Employees:		FT;PT	-
Renewal Month:		Dues:(see below)	
An	nual Me	embership Dues	
Retiree/Individual:	\$115	Start-Up Company:	\$105
Not For Profit:	\$232	Associate:	\$163
1-2 Employees:	\$173	3-5 Employees	\$232
6-25 Employees:	\$289	26-100 Employees	\$347
101-350 Employees:	\$405	351+ Employees	\$578
Affiliate:	\$ 51*		

^{*}Special membership for an independent contractor of a member company. This is a limited membership which include advertising, networking & other promotional opportunities.