



EMERYVILLE CHAMBER OF COMMERCE

3980 Harlan Street • Emeryville, CA 94608
Phone: (510) 652-5223 • Fax: (510) 652-4223
E-mail: info@emeryvillechamber.com
Web Site: www.emeryvillechamber.com



MEMBER INFORMATION FORM 2010

Date _____
Company Name _____ Number of Employees _____

PUBLIC CONTACT INFORMATION

New Renewal

This information will be available on the Business Directory page on our web site and should be the contact information you want the public to have (mailing address, main company phone and fax numbers, an information email, etc.)

Address _____ City _____ Zip _____
Web Site _____ Email _____
Telephone _____ Fax _____

CHAMBER PRIMARY CONTACT INFORMATION

This should be information on the person who will be the main contact for Chamber business. The phone, fax, address, and email should be for private contact between your company and the Chamber and will not be given out publicly.

Name _____ Email _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____

CHAMBER SECONDARY CONTACT INFORMATION

This should be information on the person who will be the secondary contact, if any.

Name _____ Email _____
Telephone _____ Fax _____

BILLING CONTACT AND ADDRESS

If your annual invoice should be sent to someone *other* than the Primary Contact listed above.

Name _____ Email _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____

WEB SITE BUSINESS DIRECTORY CATEGORY LISTINGS

Please list, in order of importance, the *three free category listings* your company will have on our Web Site. Additional Web Site business directory category listings (maximum of 6) are available for \$35 each.

- | | |
|----------------------|---------------|
| 1. <i>free</i> _____ | 4. \$35 _____ |
| 2. <i>free</i> _____ | 5. \$35 _____ |
| 3. <i>free</i> _____ | 6. \$35 _____ |

Please see the other side for dues and billing information.
Promoting the Healthy City For the 21st Century



A Program of the Emeryville Chamber of Commerce



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The Emeryville Chamber of Commerce
is a 501(c)(6) non-profit corporation.
TIN: 94-3058737

CHAMBER MEMBERSHIP INVESTMENT - Your chamber investment is deductible from your income taxes as an ordinary business expense.

Annual membership dues are based on your company's total number of FTE employees at your local business address.

Branch Memberships: The FIRST membership of a business is at the regular rate per the dues schedule. Other branches of the SAME institution may join at the \$265 rate per branch.

Resident membership is a non-business membership and is open only to residents of Emeryville. Not all Chamber benefits are available to resident members. Resident members are not listed in the business directory on the web site.

Government agencies pay at the same rates as private businesses, based on their number of employees.

Yearly renewals are due on the first day of your anniversary month.

1. Basic Membership Investment

Business Memberships
Number of Employees

Yearly Dues

Table with 3 columns: Description, Yearly Dues, and Amount (\$). Rows include single-person businesses, 2-10 employees, 11-20 employees, 21-49 employees, 50-99 employees, 100+ employees, and Plus for each employee over 100. Includes sub-sections for Branch Membership, Non-Profit, Resident, and Educational Institutions.

2. Membership Extras

Yearly Amount

Table with 3 columns: Description, Yearly Dues, and Amount (\$). Rows include Web Premier Listing, Ambassador, and Extra Category Listings on the Web.

3. Supporting Memberships - Contact the Chamber for more information on benefits and advantages.

Table with 3 columns: Level, Basic Dues, and Amount (\$). Rows include Business Leader, Business Partner, and Business Supporter.

4. ONE TIME NEW MEMBER APPLICATION FEE - \$45.00

\$45.00

5. Voluntary Contributions

Amount per calendar year

- EmPAC (The Chamber's Political Action Committee)
Technology Fund

TOTAL ENCLOSED

\$

Payment by: [] check made payable to the Emeryville Chamber of Commerce or [] credit card - circle one: Visa MC AmEx

Credit Card Number input fields

Expiration Date input fields

Credit Card Number

Expiration Date

Name on card: _____

Billing address (street, city, zip): _____