



## 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 2012

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 \$40 each.

- |                      |               |
|----------------------|---------------|
| 1. <i>free</i> _____ | 4. \$40 _____ |
| 2. <i>free</i> _____ | 5. \$40 _____ |
| 3. <i>free</i> _____ | 6. \$40 _____ |

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





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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 \$280 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

Table with columns: Business Memberships, Number of Employees, Yearly Dues, and monetary amounts. Rows include single-person businesses, various employee counts (2-10 to 100+), plus fees for each employee over 100, branch membership, non-profit, resident, and educational institutions.

2. Membership Extras

Table with columns: Membership Extras, Yearly Amount, and monetary amounts. 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.

Business Leader: \$5,565; Business Partner: \$2,788; Business Supporter: \$1,675

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

5. Donation To The Chamber's Healthy City Initiative Program - \$100.00
(All Those Who Donate \$100 Receive A Complimentary Red Cross Earthquake Emergency Preparedness Kit)

6. Chamber Extras

- Complimentary one month subscription to the San Francisco Business Times.
Check here if you would like to receive this offer.
If you would like to receive information and an application about our Healthy City Initiative Program, check here.

TOTAL ENCLOSED \$

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

Credit Card Number and Expiration Date input fields

Name on card:

Billing address (street, city, zip):