



MEMBERSHIP APPLICATION

Company _____

Month/Year Established _____ Total Number of Employees _____ Full-time _____ Part-time _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Web _____

Main Contact & Title _____ Email _____

Additional contact(s) to receive Chamber emails & mailings:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Business Category (complimentary): _____
 This category is used to refer your business. Please make sure the category you choose is one that:
 1) places you with your competitors (ex. as listed in the phone book); and
 2) is an obvious choice for your business.
 Referrals are usually requested by category – make sure we can find you.
 Additional category listing(s): _____
\$100 for each additional listing. Additional listings are complimentary in certain tiers. Please refer to your tier benefits.

Membership Level:

- Tier 1 – Visionary \$10,000
- Tier 2 – Leader \$5,000
- Tier 3 – Advocate \$2,500
- Tier 4 – Executive \$1,500
- Tier 5 – Investor \$800
- Tier 6 – Principal \$500
- Tier 7 – Founder \$400

Investment Amount:

Tier Amount \$ _____
 Processing Fee \$ 35.00
 Sponsorship Package \$ _____
\$ _____ TOTAL

Method of Payment:

Check or Credit Card

We gladly accept the following: Visa MasterCard AMEX Discover

Account # _____ Exp. Date _____ Billing Zip _____ Security Code _____

Approved By (Company Representative's Signature) _____ Date _____

Would you like to have a Chamber Liaison? YES NO

Chamber Representative _____

Disclaimer: Membership in the Wilmington Chamber of Commerce entitles you to all of our chamber publications, services and programs at no cost or, if there is a fee, at the discounted member rate. By signing this application and providing contact information, I authorize and consent for our company/organization to receive faxes, mail and/or emails sent by or on behalf of the Wilmington Chamber of Commerce.