

**THE BRICK TOWNSHIP CHAMBER OF COMMERCE
APPLICATION FOR MEMBERSHIP**

Company Name _____

Name of Primary Contact _____ E-Mail Address* _____

Additional Contact Names & E-mail Addresses _____
(please attach additional sheet for additional contacts)

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax* _____

Number of Employees _____ Date Business Opened _____ Self-Employed? Y N

Sponsored by: _____ Business Home-Based? Y N Retailer? Y N

If your address is a residence, please indicate geographic area served, if applicable: _____

Website Address _____

* In order to protect the privacy of your information, it is our policy not to publicize your e-mail address & fax number. If you would like to have this information shared with the public, you must specifically request it. Please make this email public: _____
 Please make this fax number public: _____

We refer our members' businesses thousands of times each year. Tell us what you do so that we can provide you with this service.

List the *Category* that best describes your business, as it would be listed in the telephone directory.

I agree to abide by the rules, regulations and by-laws of the Brick Township Chamber of Commerce. (We will be happy to provide a copy upon request.)

I hereby give permission to the Brick Township Chamber of Commerce to fax /email correspondence from the Chamber of Commerce to the number & address provided above. I understand that no further authorization will be requested of me and that this permission will remain in effect unless I give written notice to the contrary.

Enclosed is \$ _____ as our annual investment **plus a processing fee of \$49.00** for a total of \$ _____. I understand that the processing fee includes a Chamber plaque, a complete Chamber membership list (upon request), a subscription to the Chamber's bi-monthly publication, and all other services offered by the Chamber. Our annual investment is renewable automatically on January 1st of each year unless we present written notification to the contrary. Please enclose a check or complete the credit card information below. Payment in full must accompany application.

SIGNATURE X _____

SIGNATURE X _____

Please submit a check made payable to: Brick Township Chamber of Commerce or complete your Credit Card information below:

Name on Card: _____ Credit Card #: _____ Exp. Date: _____

Billing Address: _____ City: _____ St: _____ Zip: _____

Authorized Signature: _____ Date: _____

DUES SCHEDULE

1-2 Employees\$ 249.00	16-30\$ 319.00	101-200..... \$ 699.00
3-8\$ 269.00	31-50\$ 459.00	201-300..... \$ 879.00
9-15\$ 289.00	51-100\$ 519.00	300 + \$ 990.00

*2 Part time employees=1 employee. **Please note that there is a one time \$49.00 processing fee.

THE BRICK TOWNSHIP CHAMBER OF COMMERCE
270 CHAMBERS BRIDGE ROAD * BRICK, NEW JERSEY 08723
PHONE: (732) 477-4949 FAX: (732) 477-5788 E-MAIL: info@brickchamber.com

WWW.BRICKCHAMBER.COM
The Voice of The Business Community!