



BLYTHEWOOD

Greater Blythewood Chamber of Commerce

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Business Name:

Business Address:

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Phone:

E-mail:

Primary Contact Person:

Title:

Additional Representative:

E-mail:

Describe your business activity:

How did you hear about our chamber?

BUSINESS TO BUSINESS SPECIALS

(IF YOUR BUSINESS HAS A SPECIAL OFFER OR DISCOUNT FOR YOUR FELLOW CHAMBER MEMBERS, PLEASE DESCRIBE IT BELOW)

DUES PRORATION

THE CHAMBER OPERATES ON A FISCAL YEAR (JULY 1 TO JUNE 30), AND YOUR FIRST YEAR'S DUES ARE PRORATED FOR THE FISCAL YEAR. FOR EXAMPLE, INDIVIDUALS OR BUSINESSES JOINING IN JULY PAY AN ENTIRE YEAR'S DUES, WHILE THOSE JOINING IN FEBRUARY (THE SEVENTH MONTH OF THE FISCAL YEAR) WILL PAY 5/12 OR 42 PERCENT OF THE ANNUAL DUES. REFER TO THE CHART BELOW TO DETERMINE THE PRORATING PERCENTAGE TO ENTER ON PAGE 2 OF THIS APPLICATION.

<u>Joining Month</u>	<u>Prorated Dues</u>	<u>Prorating Factor</u>	<u>Joining Month</u>	<u>Prorated Dues</u>	<u>Prorating Factor</u>
July	12/12	1.0	January	6/12	.50
August	11/12	.92	February	5/12	.42
September	10/12	.84	March	4/12	.34
October	9/12	.75	April	3/12	.25
November	8/12	.67	May	2/12	.17
December	7/12	.59	June	1/12	.09

DESCRIPTION	AMOUNT	TOTALS
Businesses and Professionals		
1 – 4 employees	\$175	
5 – 10 employees	\$200	
11 – 50 employees	\$225	
51 – 100 employees	\$300	
101 – 200 employees	\$350	
201 – 300 employees	\$425	
Over 300 employees	\$500	
NONPROFITS	\$100	
FRIENDS OF THE CHAMBER (RETIREES, INDIVIDUALS, STUDENTS)	\$75	
NUMBER OF BREAKFAST CARDS (OPTIONAL, GOOD FOR 11 BREAKFAST PRORATED. IF NOT PURCHASED, BREAKFAST ARE \$10 EACH AS ATTENDED)	_____ X \$75 =	
SUBTOTAL	ADD MEMBERSHIP + BREAKFAST CARDS =	
PRORATION FACTOR (SEE TABLE ON OTHER SIDE) MULTIPLY YOUR DUES INVESTMENT BY THE PRORATION FACTOR. FOR EXAMPLE, MEMBERS JOINING IN AUGUST WOULD USE .92	X _____ =	
SPONSORSHIPS (VISIT BLYTHEWOODCHAMBER.COM/MEMBERSHIP/SPONSORSHIP-INFO FOR MORE INFO)		
Premiere	\$2,500	
Select	\$1,500	
Event (Name of event: _____)	\$250	
➡ Total Investment (Make check payable for this amount)	\$ _____	←
SIGNATURE		
By signing below, you acknowledge that the information in this application is accurate and that any content (text, pictures, artwork, etc.) supplied by or including the member or their firm now or in the future is presumed to include permission for the Greater Blythewood Chamber of Commerce to have full use of this content. It is the individual member's responsibility to notify the Greater Blythewood Chamber of Commerce of any exceptions.		
Signature of member:		Date:
Print name:		

Mail to:



BLYTHEWOOD

Greater Blythewood Chamber of Commerce

PO Box 1055, Blythewood, SC 29016

(803) 712-3806

Or scan and email to: info@blythewoodchamber.com