



MEMBERSHIP APPLICATION

Step #1—Your Expectations

Please complete the following information by indicating the top reason(s) why you are joining the Chamber. I would like my Chamber membership to:

- | | |
|---|---|
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Participate in the Economic Development of the First Coast |
| <input type="checkbox"/> Expand Networking Opportunities | <input type="checkbox"/> Give Back to the Community |
| <input type="checkbox"/> Create Visibility | <input type="checkbox"/> Have a Voice in Local, State & Federal Government on Business Issues |
| <input type="checkbox"/> Obtain Cost-Effective Small Business Programs & Benefits | <input type="checkbox"/> Improve the Current & Future Workforce on the First Coast |
| <input type="checkbox"/> Enhance Credibility & Corporate Identity | <input type="checkbox"/> Be Featured on the Grand Award-winning Web site, myjaxchamber.com |
| <input type="checkbox"/> Gain Access to the Movers & Shakers of the Area | <input type="checkbox"/> Access Diversity in Business |

Step #2—Membership Information

- Trustee Basic Additional Location

Company Name: _____

Main Representative: _____

- Mr. Mrs. Ms. Dr.

Title: _____

Street Address: _____
(as it will appear in membership directory and on Web site)

City: _____ State: _____ Zip: _____

Telephone: () Fax: ()

Email: _____

Web site URL: _____
(will be linked from the Chamber site)

Business Classification: _____
(how your business is categorized in directories)

Contact Preference: E-mail _____ Fax _____ Regular Mail _____
(please check one)

Special Instructions: _____

Step #3—Additional Information *(if applicable)*

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Billing Address: _____

City: _____ State: _____ Zip: _____

Step #4—Tell Us More About You *(Participation in this survey is voluntary and for internal informational purposes only)*

What year was your business established? _____ Are you a home-based business? Yes No

How many employees do you have (including yourself)? _____

Is your company a minority-owned business? Yes No

- If so, is it: African-American Owned Hispanic-American Owned Other: _____
 Asian-American Owned Woman-Owned

Have you noticed Chamber advertising in/on: Billboard Internet Magazine Newspaper Radio TV Other

If you remember seeing a specific Chamber ad, please tell us where you saw it: _____

Is there anything else you'd like us to know? _____

Step #5 – Membership Investment

Membership Investment: *(Basic Membership includes one person, \$380)*

Basic Membership, \$380 \$ _____

+ Number of full-time employees _____ x \$12 each *(no charge for part-time employees)* \$ _____

Trustee Membership, \$3,000+ **Additional Location, \$150** \$ _____

Additional Representative, \$150 - Name _____

Financial Institutions Only: Basic Membership \$380 + Total Value of Assets _____ \$ _____

First \$50 million in assets @ \$50 per million

+ Assets over \$50 million @ \$32 per million

Hotels or Motels Only: Basic Membership \$380 + Total Value of Rooms _____ \$ _____

First 10 rooms @ \$380 11-50 Rooms @ \$5 each 51 + Rooms @ \$2 each

Sub Total \$ _____

Step #6 – Additional Opportunities

Cornerstone Investment *(ask your account manager)* \$ _____

Additional Business Classifications @ \$150 each *(you may add as many as you like)* \$ _____

As in the Yellow Pages, you may choose to have your company appear in more than one business classification in Chamber membership listings. Keep as general as possible to maximize results.

Area Councils and Business Resource Councils (Number of Councils _____) x \$30 \$ _____

Arlington Downtown Mandarin North Northwest South West

Professional Women's Council Jacksonville Information Technology Council

Newcomer Inquiry Service *(annual subscription to bimonthly reports available in a choice of three packages)* \$ _____

Report only @ \$305 Report plus labels @ \$355 Report plus email version @ \$250

Membership Mailing List \$ _____

List on labels @ \$200 Electronic list @ \$400

Power of Partnerships Participation

Sub Total \$ _____

One-time application fee \$ 25 00

Total Chamber Membership Investment \$ _____

Step #7 – Payment Options

Credit Card **Check**

Master Card Visa AMEX Discover Check Number: _____

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Please Return this form, along with payment to:

Jacksonville Regional Chamber of Commerce

Attn: _____

3 Independent Dr., Jacksonville, FL 32202

ph: (904) 366-6628 • fax: (904) 355-4235

Membership@MyJaxChamber.com

For Office Use Only:

Grand Opening: _____ ID #: _____ Basic ID #: _____ Bus. Category #: _____

Power of Partnerships: _____

Processed: _____