

F

FEDERAL CONTRACTORS  
CHAMBER OF COMMERCE

MEMBERSHIP - Application Form

Please fill in this form and return it to the Federal Contractors Chamber of Commerce by emailing it to [jgrismore@federalcontractorschamberofcommerce.com](mailto:jgrismore@federalcontractorschamberofcommerce.com)

I HEREBY APPLY FOR A MEMBERSHIP IN THE FEDERAL CONTRACTORS CHAMBER OF COMMERCE:

Today's Date: \_\_\_\_\_

Date Business Established in the State of (\_\_\_\_) \_\_\_\_\_

Business Type \_\_\_\_\_ Employees: \_\_\_\_\_ FT\_\_PT \_\_\_\_\_

Company Name:\_\_\_\_\_

Web Address: \_\_\_\_\_

Primary Company Contact:\_\_\_\_\_ Title:\_\_\_\_\_

Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Contract Email:\_\_\_\_\_ Phone #: \_\_\_\_\_

ALT- Business Contract Email:\_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Company Representative / Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Description

- Describe your business:

- Is your business registered and current in **SAM.GOV**    **Y / N**
- Business Certifications (check all that apply):**  
☐ 8(a) ☐ WOSB ☐ EDWOSB ☐ HUBZone  
☐ SDVOSB ☐ VOSB ☐ SDB ☐ None  
☐ Other (please specify): \_\_\_\_\_
- Business Structure:**  
☐ LLC ☐ Corporation ☐ Sole Proprietor ☐ Nonprofit ☐ Joint Venture ☐ Other: \_\_\_\_\_
- Yrs. of Federal contacting experience \_\_\_\_\_
- # of Federal contacts held \_\_\_\_\_
- Contract Agency experienced with \_\_\_\_\_

Education Interest / courses requested: [check all applicable]

Starters\_\_\_\_ Mid-level\_\_\_\_ Advance Level \_\_\_\_\_

Interested in training courses \_\_\_\_\_ Online \_\_\_\_\_ Onsite \_\_\_\_\_ Anticipated seats needed-[est.] \_\_\_\_\_

Service Interest

\_\_\_\_\_ I'd like to host a Business After Hours Event by providing the location, nonalcoholic beverages and snacks.

\_\_\_\_\_ I’m interested in becoming a Chamber Board Member

\_\_\_\_\_ I'd like to be a Chamber Ambassador (a volunteer for business support and assistance, and at Chamber events

\_\_\_\_\_ I'd like to be on a Chamber Committee (a volunteer for business support and assistance)

Membership Interest

	NON-MEMBERS ACCESS-ONLY WORKSHOPS	
\$500	EDUCATION-WORKSHOP ONLY	
		\$300 each additional company person
\$4000	EDUCATION-UNLIMITED WORKSHOP	
		\$2000 each additional company person
\$3000	EDUCATION-PARTNERSHIP ORG.	
\$4500	BUSINESS LEVEL	
\$8,000	BUSINESS PRO	
\$13,000	BUSINESS PRO+EDU	
	Other	[explain]

EMPLOYEE LIST

Primary-

Employee

Employee

PAYMENT INFO

☐ Send me an Invoice to send payment

☐ Please send me an electronic invoice with a link that I can pay by credit/debit card to the following email:

SECTION 5: AUTHORIZATION

Name of Authorized Representative:

Signature:

DO NOT  
SEND PAYMENT UNTIL YOU  
RECEIVE YOUR FORMAL APPROVAL LETTER