



# GREATER HUNTS POINT CHAMBER OF COMMERCE 2020 APPLICATION

Thank you for your investment in the dynamic business organization for Hunts Point, Port Morris, Longwood and neighboring areas of the South Bronx.

## COMPANY INFORMATION: (Please complete all sections)

Company Name \_\_\_\_\_ Date Established: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Time Employees: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_ Minority Owned \_\_\_ Yes \_\_\_ No Woman Owned \_\_\_\_\_ Yes \_\_\_ No

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

Product/Service(s): \_\_\_\_\_ Membership Referred by: \_\_\_\_\_

## PRIMARY CONTACT INFORMATION: (This person will be listed in the directory and receive all Chamber information)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

## ADDITIONAL REPRESENTATIVES:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership dues are paid annually from the time of activation. Membership includes the entire company and all employees are welcome to participate in activities and committees.**

**REASONS FOR JOINING: (Please check all that apply)**

- Networking Opportunities
- Name recognition
- Membership directory listing
- Community Service
- Chamber programs
- Chamber events
- Communications
- Sponsorship opportunities
- Annual Tent Party
- Info on business topics
- Trainings
- Workshops
- Community visibility
- Marketing your business
- Community engagement

**MEMBERSHIP INVESTMENT LEVEL: (Based on number of full time employees)**

- Individual Members.....\$250
- Nonprofits <100 Employee.....\$350
- Nonprofits >100 Employees.....\$500
- Government Representative.....\$500
- Businesses <100 Employees.....\$600
- Businesses >100 Employees.....\$1000
- Corporate.....\$2500

**PAYMENT INFORMATION: (Please indicate your method of payment)**

Please invoice me     Please find my check enclosed

Please process payment on my credit card     Visa     Master Card     Discover     American Express

Card Holder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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