



GREATER HUNTS POINT CHAMBER OF COMMERCE 2021 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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