

Gateway Regional Chamber of Commerce Membership Application

Registration Date _____

Company _____ Company CEO/President _____

Address _____ City _____ State _____ Zip _____

Primary Contact Name _____ Title _____

Telephone _____ Fax _____ E-Mail _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Website _____ Number of employees in NJ _____ Number of employees (all locations) _____

Business Classification _____

Business Description _____
(maximum 20 words)

Email address of others in your company who should receive emails about upcoming events.

What are you looking to get out of the Chamber? _____ Networking _____ Events _____ Money Saving Discount Programs

Other _____

Local Chambers and Networking Groups:

Select committees and/or local chambers in which you would like to participate. You will be notified of date, time and location of meetings.

Government Affairs Committee
 Somerset Hills Business Network
 Linden Chamber of Commerce
 Workforce Education Committee
 Gateway Today
 Kenilworth Chamber of Commerce
 Irish Business Association
 Clark Chamber of Commerce
 Black Business Alliance Chamber of Commerce
 Gateway Warehouse Association

Investment Schedule

Your investment in dues as a Chamber member is tax deductible as a business expense.

No. of Employees	Dues \$	No. of Employees	Dues \$	No. of Employees	Dues \$
1 – 5	485	76 – 100	1,465	501 – 750	4,250
6 – 10	595	101 – 150	1,800	751 – 1,000	5,250
11 – 25	695	151 – 200	2,400	1,001 – 2,000	6,300
26 – 50	960	201 – 300	3,080	2,001 – 3,000	8,000
51 – 75	1,125	301 – 500	3,500	3,001 – 4,000	9,400
				4,001 +	10,000

Home-Based Businesses (< 2 employees)	\$330.00	Dues Amount	\$ _____
Charitable Organizations and Boards of Education	\$485.00	Administrative Fee	\$ 35.00
Government Agencies, Hospitals, and Universities	\$1150.00	Total Payment Enclosed	\$ _____

To Pay by Check:

Make checks payable to:

Gateway Regional Chamber of Commerce

Mail completed application with check to:

Gateway Regional Chamber of Commerce
135 Jefferson Avenue
Elizabeth, NJ 07201
(908) 352-0900, Fax: (908) 352-0865

To Pay by Credit Card

Print Name (as it appears on card) _____

Billing Address of cardholder _____

Card # _____ Exp. Date _____

MasterCard Visa Amex Discover CVV _____

Signature _____