

GG Gaithersburg-Germantown Chamber of Commerce, Inc.

2013 MEMBERSHIP APPLICATION

Business Name				
Business Mailing Address				
Сіту	State	ZIF	CODE	
BUSINESS TELEPHONE	Fax	Еман	-	
Website				
BUSINESS CATEGORY (Refer to www.g	gchamber.org) (Same as Phonebook)			
SECONDARY BUSINESS CATEGORY	(\$50 Fee for Secondary Category)			
Number of Employees – Full-Time Part-Time Date Business Founded				
DESCRIPTION OF BUSINESS (In 15 w	ords or less describe your business)			
PRIMARY CONTACT NAME		TITLE		
PRIMARY CONTACT TELEPHONE	Fax	ЕМАП	EMAIL	
Who Referred You? How did yo	u hear about the GGCC?			
NOTE: Information above will I	oe published in GGCC Communication	s, including the v	vebsite, newsletter, directory,	etc.
ADDITIONAL REPRESENTAT The GGCC provides three communication an receive ALL GGCC Communications and are Each}; or 2) Additional representatives within Membership Directory nor in Other GGCC Communications.	d membership listing options for your cons listed in the Membership Directory & Other n your company receive only GGCC Email	sideration: 1) Addit GGCC Communica Communications [th nal sheet of paper i	ional representatives within your of tions with their contact information nese representatives are not listed	company n {\$75
Name				
PHONE	Fax			
Name	EMAIL			
PHONE	Fax			
Name				
PHONE	Fax			

GAITHERSBURG-GERMANTOWN CHAMBER OF COMMERCE ANNUAL DUES (GGCC Annual Dues vary based on the number of full-time employees in your company) **N**UMBER OF **N**UMBER OF **N**UMBER OF ANNUAL ANNUAL ANNUAL **EMPLOYEES DUES EMPLOYEES DUES EMPLOYEES DUES** \Box 1-2 \$300 □ 10-24 \$650 □ 100-199 \$1,500 □ 3-4 \$440 □ 25-49 \$825 □ 200-499 \$1,800 □ 50-99 \square 5-9 \$575 \$1,020 \square 500 or More \$1,900 ☐ NON-PROFIT: GOVERNMENT AGENCIES, PUBLIC SCHOOLS & 501C3 ENTITIES WITH 50 FULL-TIME EMPLOYEES OR LESS \$175 PAYMENT INFORMATION ☐ CHECK ENCLOSED ☐ MasterCard □ VISA ☐ AMERICAN EXPRESS ANNUAL DUES (FROM TABLE ABOVE) Additional Business Category (\$50 Each) Additional Representatives (\$75 Each) ADDITIONAL NAME LISTINGS **TOTAL AMOUNT DUE** Name on Card _____ Card Number ____ BILLING ADDRESS _____ SECURITY CODE ____ CITY, STATE, ZIP ______ SIGNATURE _____ MEMBER TO MEMBER DISCOUNT PROGRAM A great way to further expose your business to other Chamber Members is to provide a discount to members of the Gaithersburg-Germantown Chamber of Commerce. Any discount you offer will be publicized to other GGCC member companies. As a GGCC member in good standing, your company and its employees may take advantage of any discount being offered by other GGCC member companies regardless of whether you provide a discount or not. Percentage or Type of Discount Offered _____ AUTHORIZATION I am authorized to and hereby give consent for the company listed above to receive faxes, emails, and other communications, sent by or on behalf of the Gaithersburg-Germantown Chamber of Commerce (GGCC). I understand that I can revoke this consent by contacting the GGCC in writing. I/We also agree and certify that as a GGCC member, I/We will observe the highest level of ethics in conducting business. All applications must be approved by the GGCC Board of Directors.

Signature _____ Date ____