

BRIDGETON AREA CHAMBER OF COMMERCE

NEW AND RENEWING MEMBERSHIP APPLICATION – REVISED 3-25-09

Date: _____

The undersigned makes application for membership or renewal of membership and agrees to pay the annual dues as indicated on the Schedule of Dues included in this form as set by the Board of Directors of the Bridgeton Area Chamber of Commerce of Bridgeton, NJ. This agreement replaces all membership and sustaining subscriptions of prior date. The right is reserved to revise or cancel membership, by written notice, prior to the close of any Annual Dues Period.

Any individual or business entity may be eligible for membership in the Chamber. A business entity eligible for membership is entitled to one vote on all Chamber matters no matter how many employees are in attendance from said business entity at any chamber function.

Membership in the Chamber is construed as a representation by the applicant of his bona fide interest in the programs and purposes of the Chamber and the member's agreement to abide by the provisions of the by-laws, rules and regulations properly adopted by the Board of Directors.

Any membership may be terminated by the Board of Directors for non-payment of the membership fee or other financial obligation due and owing by a member to the Chamber or for conduct or activities detrimental to the best interest of the Chamber. Termination procedures are explained in the Chamber by-laws. A copy of by-laws will be provided upon request.

Name of Business/Organization/Individual:

Point of Contact : (Please print name and Title):

Address:

City

State

Zip Code:

Telephone:

Fax:

Web Site:

Email Address:

Number of Full-Time Employees: _____ Number of Part-time Employees: _____

Type of Business:

Brief Description of Products and Services:

Dues Based on Schedule Below: \$ _____ I would like to pay my dues in 3 monthly payments.

CREDIT CARDS ACCEPTED Credit Card Information - Circle one: _____ Visa / Master Card

Credit Card Number:

Expiration Date:

Signature:

(Note: you may call us with the credit card information)

Who can we thank for referring You to the Chamber:

SCHEDULE OF ANNUAL DUES

Please circle the category that applies to you or your organization and pay the amount indicated for that category. To calculate the number of employees for the categories below, please include the number of full-time employees plus one additional full-time employee for every two part-time employees.

1 – 5	<i>FT / FTE Employees</i>	\$ 160.00
6 - 25	<i>FT / FTE Employees</i>	\$ 190.00
26-50	<i>FT / FTE Employees</i>	\$ 220.00
51-100	<i>FT / FTE Employees</i>	\$ 290.00
101-150	<i>FT / FTE Employees</i>	\$ 350.00
151-200	<i>FT / FTE Employees</i>	\$ 420.00
201-250	<i>FT / FTE Employees</i>	\$ 475.00
251-300	<i>FT / FTE Employees</i>	\$ 525.00
Over 300	<i>FT / FTE Employees</i>	\$ 660.00
All Financial Institutions	<i>Fixed Amount</i>	\$ 290.00

Mail application / payment to: Bridgeton Area Chamber of Commerce, P.O. Box 1063, Bridgeton, NJ 08302
Fax Application to 856-453-9795. **Complete it online:** www.baccnj.com/members/newapplicationrevised.htm