



Fair Share Membership Investment Schedule

This schedule reflects a member's Fair Share Investment and stake in the economic growth of our community

“Voice of Business”

| Number of Full Time Employees 2 part-time employees equals 1 full-time employee | Annual Investment |
|--|--------------------------|
| 1-10 | \$270.00 |
| 11-25 | \$370.00 |
| 26-50 | \$495.00 |
| 51-200 | \$620.00 |
| 201-500 | \$3.00 per employee |
| 501 + | \$2.00 per employee |
| Individual (non-business).....\$100.00 | |
| Nonprofit (Church, Synagogue, General).....\$130.00 | |
| Additional representatives.....\$95.00 | |
| (realtors, brokers) | |
| Cost of each add'tl business after first business joins.....\$195.00 | |
| Student Membership (must be currently enrolled in local school).....\$20.00 | |

Chamber dues can be paid in full, semi-annually, or quarterly.
 We will accept Visa/MasterCard for full payment of annual dues.



Membership Application

102 Stewart Parkway
(252) 946-9168

Mailing Address: PO Box 665 Washington, NC 27889 (252) 946-9169 (fax)

Company Name: _____ No. of Employees: _____

Primary Representative: _____ Title: _____

Physical Address: _____ On website unless marked as private

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Key Words to Describe your products & Services: _____

Sponsor (if applicable) : _____ Date Joined: _____

Please give us a few sentences about your company so we better understand what you do: _____

The applicant accepts this invitation to join the Washington/Beaufort County Chamber of Commerce. This membership automatically renews itself unless written notice of resignation is received.

Signature: _____ Date: _____

- For Office Use Only
- Letter w/Decal Membership Card
 - New Member Master List
 - Email List
 - Newsletter Mailing List
 - New Member Print Newsletter
 - New Member ChamberGram
 - Board Approval
 - Email Blast List
 - Website/Hot Link
 - Follow up call/email

Please Refer to Investment Schedule on Reverse

Amount Received

\$ _____

Date Received



Annual Payment

Check # _____

Visa/MasterCard

Cash



Semi-Annual Payment

Check # _____

Cash



Quarterly Payment

Check # _____

Cash