

Please print out this application, fill it out and then
Remit application and Membership dues to:
Slate Belt Chamber of Commerce, P.O. Box 5, Pen Argyl, Pa 18072
Phone & Fax: 610-863-0315

MEMBERSHIP APPLICATION

The Slate Belt Chamber of Commerce enables people to accomplish collectively, what no one person could do individually. The strength of the Chamber lies in it's ability to attract the greatest number of individuals and firms into membership; thereby creating a pool of professional resources and services to help your business succeed.

Your investment in membership will return to you dividends in the way of growth and strength in the area where you live and work. Your annual membership dues payment is a tax deductible business expense. Not only is your financial support of the Chamber important, so is your personal involvement in the Chamber activities. Although not mandatory, we invite your ideas, opinions and participation. Thank you for helping us to preserve, protect and foster the free enterprise system in the Slate Belt.

Company Name: _____

Company Representatives or owner: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Web page: www. _____

of Full Time Employees: _____ # of Part Time Employees: _____

Please give a brief description of your business activities:

How would you like to be listed in the Classified Buyers Guide section of the Membership Directory:
_____ (examples: Health, Manufacturing, Accounting etc...)

Membership Fee Schedule is based on the following:

Individual (non business owners)-\$32 Sole Proprietor-\$84 Municipalities-\$106 Non-Profit-\$53

1 to 3 full time employees: \$116 4-7 full time employees: \$148 8-15 full time employees: \$180

16+ full time employees: \$180 plus \$10 for each additional employee with a cap of \$350.

I agree to abide by the Rules & Regulations as defined in the Bylaws of the Slate Belt Chamber of Commerce & to serve the Chamber & the Slate Belt Community to the best of my ability.

Applicants Signature _____

Please print name _____

Date _____

Remit Membership dues to: Slate Belt Chamber of Commerce. P. O. Box 5, Pen Argyl, PA 18072 610-863-0315 phone & fax.

Master Card/Visa #: _____ Exp. Date: _____

Signature: _____

Print Name as it appears on your card: _____

Recommended by: _____ Date: _____