



2011 MEMBERSHIP APPLICATION

Annual Membership Investment & Payment Information

No. Of Employees* _____ Full-Time _____ Part-Time

**Employee count must be completed for our records and accurate membership investment calculations.*

Two Part-Time Employees = One Full-Time Employee For Annual Membership Investment Rates. Please See "Annual Membership Investment Schedule" For More Information.

Annual Investment \$ _____
 One-Time Application Processing Fee \$ 25.00
 Total \$ _____

Billing Options:

_____ Check (Please make payable to the Lebanon Valley Chamber of Commerce)

_____ Credit Card _____ Visa _____ MC

Card Number _____

Exp. Date _____ CSC# _____

Name On Card _____

Authorized Signature _____

Annual Membership Investment Schedule

General Membership

Two Part-Time Employees = One Full-Time Employee

No. Of Employees	Annual Membership Investment
1.....	\$250
2 - 5.....	\$270
6 - 10.....	\$290
11 - 20.....	\$320
21 - 30.....	\$380
31 - 40.....	\$430
41 - 50.....	\$530
51 - 60.....	\$640
61 - 75.....	\$750
76 - 100.....	\$910

101 + Employees - Use base amount for 76 - 100 employees and add \$1.05 for each employee over 100.

Banks & Credit Unions - \$1.40 per \$100,000 in Lebanon County deposits. (Minimum Annual Investment is \$430.)

Utilities - Flat Annual Investment of \$1,600.00

501 (c)(3) Non-Profit Organizations*

1 - 20 Employees\$160
 Over 20 Employees\$160 plus \$1.10 per employee
 (*You must include a copy of your 501 (c) (3) with this application.)

Educational Institutions

Public School Districts \$320
 Public Schools \$320 plus \$1.10 per employee
 Private Schools \$320
 Two-Year Higher Education Institutions \$910
 Four-Year Higher Education Institutions \$1,060

Government Units & Agencies (Local, State & Federal)

1 - 100 Employees \$160
 101 + Employees \$395

Associate Membership \$135 per individual
 (Available only to individuals whose employer is already a member)

Retirees \$110
 (From Lebanon Valley Chamber Member Businesses)

Business/Organization Information

(As you would like it to be listed in the Membership Directory, website, etc.)

Business/Organization Name _____

Type of Business/Organization _____

Primary Representative's Name & Title _____

Primary Representative's E-Mail Address _____

Street Address/P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website Address _____

Billing and Voting Contact Information

Billing Representative* _____

Billing Representative's E-Mail Address _____

Voting Representative _____

Voting Representative E-Mail Address _____

**If the Billing Representative has an alternate mailing address, or annual renewals are to be sent to a different address, please note the additional information on the back. Thank You.*

All membership applications are subject to approval by the Chamber's Board of Directors.

Additional Representatives

Names, Titles & E-Mail Addresses

_____ E-Mail: _____

_____ E-Mail: _____

Permission is given for the Lebanon Valley Chamber to send unsolicited e-mail and fax communications to the addresses provided above.

How did you hear about the Lebanon Valley Chamber?

Reasons you decided to join the Chamber?

Who can we thank for your decision to join the Chamber?

SIGNATURE OF NEW MEMBER

Membership investments in the Lebanon Valley Chamber of Commerce are not tax deductible as a charitable contribution, but a portion is deductible as a business expense. As the Chamber engages in lobbying, under federal law five (5) per cent of investments for 2011 are non-deductible; 95 percent are deductible.