



MEMBERSHIP APPLICATION

409 Hood Boulevard, Fairless Hills, PA 19030
P 215-943-7400 F 215-943-7404
www.LBCCC.org

Mission Statement: *The Mission of the Lower Bucks County Chamber of Commerce is focused on the advancement of its members through programs to EDUCATE on topics relevant to business, to provide opportunities to NETWORK, and to ADVOCATE on areas impacting business.*

Company Information

Company Name: _____ Established Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Main Fax: _____

Main Email: _____ Main Website: _____

*Business Category: _____ Minority/Women-Owned: _____

*See list of categories on the online Membership Directory.

Member Designee Information

Member Designee: _____ Title: _____

Email: _____ Phone: _____

Member designee is the individual vested with general membership voting rights and the authority to decide its representative should that Member be nominated to serve on the Board of Directors. Designee will be the point person for purpose of receiving all notices under the bylaws.

Employee Count/Contact Information

Employee Count: Full Time: _____ Part Time: _____ = TOTAL (2 part-time = 1 full-time) _____

Based on the paid membership dues investment, all employees are considered members of the Chamber. By providing the information below, your employees will receive all related Member correspondence and Member pricing/discounts.

Employee Name: _____ Title: _____

Email: _____ Phone: _____ Young Professional (40 & under): Y/N

Employee Name: _____ Title: _____

Email: _____ Phone: _____ Young Professional (40 & under): Y/N

Please attach or email any additional employees with name, title, email, phone number and Young Professional designation.

Additional Information

Do you wish to offer a discount to other Members? If so, please provide Member Discount Offered: _____

How did you hear about us: Event Website Social Media Newspaper Outlook Magazine
Referred by: _____ Other: _____

Reason for joining: Networking Professional Development Legislative Action Discount Programs Other: _____

The above signed business or organization applies for membership in the Lower Bucks County Chamber of Commerce (LBCCC) and certifies that the information contained on this application is accurate and complete. The business or organization agrees to abide by the Bylaws and procedures of LBCCC and understands that membership is renewed annually on the anniversary date. The company understands that the business will hold membership and may change at will its designee with five (5) day written notice to the Chamber President or Chairman of the Board.

In the event of a terminated membership, any use of LBCCC's name or reference to LBCCC will be discontinued. I also understand that any information on this application may be used for LBCCC press releases and other communication. I have enclosed a check made payable to "LBCCC" or charged by credit card for the appropriate annual investment and understand that this investment is non-refundable.

Signature of Applicant: _____ **Date:** _____

ANNUAL MEMBERSHIP DUES INVESTMENT

Investment Structure: The below dues structure is based on the **total** employee count for your locations that desire LBCCC membership (2 part-time = 1 full-time employee). Each new membership incurs a \$35 one-time processing fee upon joining.

Company Listing: Each company is entitled to one listing in the LBCCC online directory. Additional listings are available for just \$100 annual fee (for locations included in your total employee count) per location.

Representative Listing: Each company is entitled to one representative listing that includes employee's name, address and website. If a company would like to list more representatives at that location, there will be a \$35 fee per five additional representative.

Enhanced Online Listing (optional): Includes a Full Color Logo, Color Background, 50-Word Description and up to four Social Media Links for \$125 annually

Additional Business Categories (optional): Get visibility in all areas of products/services you provide by being listed under additional business categories at just \$25 per additional category (maximum of four), annually.

# of Employees	Amount	Non-Profit (501c3)
1-2	\$305	\$275
3-5	\$355	\$320
6-10	\$445	\$405
11-30	\$510	\$460
31-50	\$730	\$660
51-100	\$980	\$880
101-200	\$1160	\$1040
201-400	\$1315	\$1225
401-600	\$1650	\$1485
601-800	\$1960	\$1765
801-1000	\$2460	\$2215
>1000	Contact Our Chamber Office	

Restaurants \$345 Municipalities/School Districts \$305 Retired Members (with no business affiliation) \$75

Enhance Your Online Listing!

- Full Color Logo
- Color Background
- Social Media Links (4 maximum)
- 50-Word Description

Only \$125

Annual Dues Investment Amount: \$ _____

+ **\$35 One-Time Processing Fee**

+ \$125 Enhanced Online Listing *(optional)*

+ \$ _____ # _____ **Additional Category Listings @ \$25 each**
(optional, max. 4)

Total Dues Amount: \$ _____

ADDITIONAL CATEGORIES

1.) _____

2.) _____

3.) _____

4.) _____

Payment Options

I authorize the LBCCC for the following automatic recurring dues investment:

Annual automatic recurring dues

Please provide your credit card information below. Payments will be renewed automatically until written notice of cancellation is provided prior to membership anniversary due date. Prorating and refunds are not available.

*Your receipt and notices of renewals will be sent only to the email address you give us. Please ensure that it is correct and kept current.

Name on Card: _____ Company Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Visa Mastercard American Express Credit Card # _____

Cardholder Signature: _____ Exp. Date: _____ 3-or 4-Digit Security Code: _____