



Membership Investment Schedule & Application

Date of Membership: _____ Contact Name: _____
 Business Name: _____ Phone: _____ Fax _____
 Mailing Address: _____ Email: _____
 Street Address: _____ URL http:// _____
 Town: _____ State: _____ Zip: _____ Facebook: _____

Annual Investment

(Please check one by combining part time employees to equal FTEs- Full Time Employees):

Number of Employees: Full Time _____ Part Time _____

<input type="checkbox"/>	Business with up to 4 employees	\$235
<input type="checkbox"/>	Business with 5 to 10 employees	\$310
<input type="checkbox"/>	Business with 11 to 50 employees	\$430
<input type="checkbox"/>	Business with 51-150 employees	\$640
<input type="checkbox"/>	Business with 150+ employees	\$1250

<input type="checkbox"/>	Non-profit organization (1-4 employees)	\$135
<input type="checkbox"/>	Non-profit organization (5-10 employees)	\$190
<input type="checkbox"/>	Non-profit organization (11-50 employees)	\$210
<input type="checkbox"/>	Non-profit organization (51-150 employees)	\$310
<input type="checkbox"/>	2 nd Business Membership	\$11

Total Dues Amount _____
 One-Time Set-Up Charge _____ \$25
TOTAL AMOUNT PAID _____

Please bill our credit card: MC _____ Visa _____ Discover _____

(For federal income tax purposes, membership dues and contributions to the Chamber are deductible as a business expenses. For lobbying expenses, the Chamber uses approximately 1% of dues. This portion of your dues is therefore not deductible for tax purposes.)

Please make check payable to: North Kingstown Chamber of Commerce and return it with your completed membership application to 8045 Post Road, North Kingstown, RI 02852; Mon- Fri.: 8:30 am- 4:30 pm.

Please write a short, but complete description of your business and include principal products and services.

Choose a primary business category from the options on our website. _____

What is your primary reason for joining? _____

What program/service/ benefit are you most interested in? _____