

# Membership Application



NEWPORT BEACH  
CHAMBER OF COMMERCE  
The Business and Community Resource

Date \_\_\_\_\_

## TIERED INVESTMENT DUES

We believe that one size of membership does not necessarily fit everyone. Different businesses have different needs and expectations from Chamber Membership.

To allow you to customize your membership, the Newport Beach Chamber of Commerce has built its membership dues structure based on four different Membership Tiers. Each Tier features a variety of member benefits and services. Just review the Membership Benefits Tier Summary Page on the reverse and choose the tier with the benefits you want for your business.

Investment dues paid on an annual basis by businesses allow the Newport Beach Chamber of Commerce to complete its program of action on behalf of the business community.

### Membership Tiers

Basic .....	\$440
Enhanced .....	\$580
Premier.....	\$1,215
Partner .....	\$2,350

### Your Investment

Annual Investment \$ \_\_\_\_\_

Processing Fee \$ 40.00

Technology Fund \$ 20.00  
(Optional)

TOTAL \$ \_\_\_\_\_

Chamber membership is effective when payment is received and active for 12 months from this time. All employees/associates are recognized as members and may participate in all activities and benefits. Annual investment includes a subscription to the Business Lookout bimonthly newsletter. Membership investment in the Newport Beach Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Investments made to the Chamber are not a charitable tax deduction for federal income tax purposes. Federal Tax ID# 95-1049140

Company Name \_\_\_\_\_ # of Employees \_\_\_\_\_

Location Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

Website www. \_\_\_\_\_

Company e-mail \_\_\_\_\_

Representative #1: Mr./Ms. \_\_\_\_\_

Position \_\_\_\_\_ Direct Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Direct Fax \_\_\_\_\_

Rep. #2: Mr./Ms. \_\_\_\_\_ Position \_\_\_\_\_

e-mail \_\_\_\_\_ Direct Phone \_\_\_\_\_

Primary Business Category \_\_\_\_\_

*Once your membership application has been processed, you will be contacted about completing your membership profile to maximize your membership investment. This includes obtaining a 50-word description of your business, keywords for our website business directory, additional business category listings and more.*

Membership Payment Type:  Check  Cash  American Express  MasterCard  Visa

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ V-code \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

I give the Chamber permission to periodically e-mail or fax me information pertinent to my membership.

Referred by: \_\_\_\_\_ Paid by:  Company  Individual