

Membership Application



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	\$450
Enhanced.....	\$590
Premier.....	\$1,250
Partner.....	\$2,500

Your Investment

Annual Investment \$ _____

Processing Fee \$ 40.00

Technology Fund (optional) \$ 20.00

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 subscription to the periodic eMails from the Chamber. 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. _____

Primary Reason for Joining the Chamber _____

Representative #1: Mr./Ms. _____
Position _____ Direct Phone _____
e-mail _____
Representative #2: Mr./Ms. _____
Position _____ Direct Phone _____
e-mail _____
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

Other Notes: