

Membership Application

Kent County Chamber of Commerce, Inc.

122 North Cross Street • P.O. Box 146 • Chestertown, Maryland 21620

Telephone: 410.810.2968 • Fax: 410.778.1406

kentchamber@verizon.net • www.kentchamber.org

Mission Statement

To serve, represent and be the leading advocate for the business interests of its membership in ways that enhance the environment of the business community and the quality of life and well-being of residents and visitors.

The information in this section only (except for # of Employees) is what will be published on the Chamber website and in the annual printed Chamber Business Directory

Name of Business or Organization _____ Date _____

Type of Business _____ # of Employees (2 part-time = 1 full-time employee) _____

Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from physical address) _____

Business Phone _____ Fax _____ Web Address _____

Designated Representative _____ Phone _____ (if different from business phone)

Email _____

Description of business, history, and any information you would like the Chamber and members of the community to know about your company, organization, or personal business.

All memberships will automatically renew annually at your anniversary date unless notification to the contrary is received from member in writing 30 days in advance of anniversary date.

Authorized Signature of Applicant _____

Additional Contact Information

Billing Contact: (Required)

Name _____ Phone _____ Email _____

Electronic Communications Contact(s):

Name _____ Email _____

Name _____ Email _____

Annual membership fees are based on your number of full-time employees. (2 part-time = 1 full time) Please circle one:

1 - 5 Employees (Includes owner)	\$200	Subsidiary (of current member)	\$80
6 - 10 Employees	\$230	Non-Profit	\$115
11 - 99 Employees	\$310	Retiree/Individual (no company listing)	\$105
100+ Employees	\$395		

I am interested in becoming a Corporate Sponsor. Please contact me.

Sponsorship Levels: **Platinum:** \$3,000 **Gold:** \$2,000 **Silver:** \$1,000 **Bronze:** \$500

Select One: Visa MasterCard AMEX Check

Credit Card #: _____ Exp. Date: _____ Sec. Code: _____

Name as it appears on card: _____

Signature: _____