

Jamestown RI Chamber of Commerce



MEMBERSHIP APPLICATION

Your information will be listed on our website as written below. Please print legibly. Thank you!

Business Name: _____

Contact Name(s): _____

Address: _____

Business Phone: _____ Toll Free: _____ Fax: _____

Email: _____ Web Site: _____

Business Description (for web listing):

The above information will be listed on the Chamber website. Please indicate anything you do NOT want included such as a fax number or contact name: _____

May we contact you via email? (check one) Yes No

Please list email addresses for other employees who should also receive Chamber emails:

Do you want to participate in the Chamber Check Program? (check one) Yes No

Are you interested in serving on the Chamber Committee? (check one) Yes No

MEMBER DUES:

Supporting Individual *	\$105
Non-Profit Organization	\$105
Business of 1 to 3 Employees	\$145
Business of 4 to 10 Employees	\$200
Business of 11 to 25 Employees	\$315
Business of over 25 Employees	\$345
Secondary Business **	\$70

Note: If you employ part time employees, tally number of hours to determine full-time employees
Example: Two 20-hour employees = one full time employee

* Non-Business supporting member

** Secondary business memberships are available to businesses that have signed up for a primary business membership and also own / operate a 2nd business. Primary business is the one with the greater number of employees.

Please submit Membership Application with check payable to "Jamestown Chamber of Commerce" and mail to: PO Box 35, Jamestown, RI 02835