

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 Checks Program? (check one) Yes ___ No ___

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

MEMBER DUES:

Supporting Individual	\$90*	*Non-business supporting member
Non-Profit Organization	\$90	**\$125 membership level includes Jamestown resident or representative of off-island business. (If you employ part time employees, tally number of hours to determine full-time employees.
Business of 1-3 Employees	\$125**	Example: Two 20-hour employees = one full time employee).
Business of 4-10 Employees	\$175	***Secondary business membership is 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 greater number of employees.
Business of 11-25 Employees	\$275	
Business of over 25 Employees	\$300	
NEW - Secondary Business	\$60***	

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