



TRICOUNTY AREA
CHAMBER OF COMMERCE

MEMBERSHIP INVESTMENT

**Membership Applications will be shared at the next bi-monthly meeting of the Chamber's Board of Directors*

Please complete this form and return with membership fee to:

TriCounty Area Chamber of Commerce, 152 E. High St., Suite 200, Pottstown, PA 19464; 610.326.2900

Business/Organization Name: _____ Date Established _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Use Physical Address as the Mailing Address

Use Different Mailing Address: _____

Phone: _____ Website: _____

Company Contacts:

Primary Rep Name: _____ Title: _____ Email: _____

Cell phone: _____

Additional Representative to receive mailings and emails: (Examples—Billing; Human Resources; Marketing; Social Media, Public Relations, etc.)

Name: _____ Title: _____ Email: _____

What are the Member benefits that you are most excited to learn more about and use to grow your business? *(please select all that apply):*

- | | | |
|--|--|---|
| <input type="checkbox"/> Networking | <input type="checkbox"/> REACH—Empowering & Connecting | <input type="checkbox"/> Leadership Development / |
| <input type="checkbox"/> Exposure to target audiences | Women Programming | Educational Seminars |
| <input type="checkbox"/> Community Support/Credibility | <input type="checkbox"/> Volunteer Opportunities | <input type="checkbox"/> Advocacy/Legislative Support |
| | <input type="checkbox"/> Cost Savings | |

Share with us your reason for investing in a Chamber Membership and becoming part of our Chamber community:

Please provide a description of your company:

Share with us if your company is designated with anything listed below *(please select all that apply):*

Veteran Owned Woman Owned Minority Owned

Primary/Billing Rep Signature*: _____

Printed Name: _____ Date: _____

It is understood and agreed that the term of membership to the TriCounty Area Chamber of Commerce (TCACC), or its successor, shall be a minimum one year commitment from the month of membership acceptance (anniversary month).

**Your signature means that the TCACC has your permission to communicate with you for various reasons via e-mail and that you have reviewed and understand the Membership Policy detailed on the opposite page.*

MEMBERSHIP POLICY

The TriCounty Area Chamber of Commerce (TCACC or the Chamber) is a growing membership organization serving businesses in southeastern Berks, western Montgomery, and northern Chester Counties. The information included below reflects the Chamber's Membership policies, which are subject to change subsequent hereto, but which reflect our current membership practices.

Chamber Membership Terms:

The Chamber is a Pennsylvania nonprofit corporation that is qualified under Section 501(c)(6) of the Internal Revenue Code. Active membership in TCACC shall be open to any business, association, partnership, corporation, limited liability company or other entity having an interest in the mission and purposes of the Chamber. A prospective new Member shall meet those requirements, including the payment of dues in full, for admission to Chamber membership; dues amounts are established by the Chamber's Board of Directors. Prospective members are required to pay Chamber membership dues in full at the time of application. Membership dues cover a membership year beginning at the time of payment and ending after twelve months thereafter. Membership is renewable on the first day of the Members' anniversary month each year. Any dues payments made by applicants during application review shall be reimbursed promptly by the Chamber following the declining of an application.

Chamber membership dues may be deductible for Federal Income tax purposes as an ordinary and necessary business expense (not as a charitable contribution). However, Members should consult their own tax advisors for specific tax information and advice.

Termination of Membership:

The Board of Directors of TCACC reserves the right to reject an application for membership, or to cancel established membership, in accordance with the organization's Bylaws.

Questions regarding this policy should be directed to the President of the TriCounty Area Chamber of Commerce - **Eileen Dautrich**, 610.326.2900 or eileen@tricityareachamber.com.

Dues Fee Schedule

Number of employees listed below denotes full-time employees

Sole Proprietor: \$349	26 - 50 Employees: \$741	Nonprofits: \$248
2 - 9 Employees: \$457	51-75 Employees: \$957	Banks/Credit Unions: \$792
10 - 25 Employees: \$582	76-100 Employees: \$1,128	

For businesses with greater than 100 employees, please contact the office at 610.326.2900 to get the appropriate fee schedule.

For businesses that reside outside of our territory, the base rate of \$457 applies.

Number of Full-Time Employees _____

Amount of Dues (see above) _____ + \$35 Admin Fee = _____

_____ **Check Enclosed** _____ **Credit Card Information (below)**

VISA/MC/AE/Discover _____ Exp. _____ CVV _____

Complete Billing Address _____

*Signature: _____ Date: _____