



DUNDALK CHAMBER OF COMMERCE
2 Dunmanway, Suite 223 | Dundalk, MD 21222
410.284.3700 | DundalkChamber.com

MEMBERSHIP APPLICATION / RENEWAL

Thanks for your interest in joining the Dundalk Chamber of Commerce.

Whether you are applying or renewing, you are taking a great step. Engaging fully in the Chamber is the best way to obtain the most value for your investment. We welcome your ideas and support. If you are a new member, we will send you a new member packet and an ambassador will contact you to arrange your Ribbon Cutting Ceremony.

Please print the information on the application. This form is also available at dundalkchamber.com

New Membership **Renewal** If rejoining, what year did you join the Chamber? _____

Business Name _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____ Email _____

Website _____

Business Category (i.e., Accountant, Insurance, Printing, etc) _____

Business Classification (i.e., LLC, 501(c)3, etc) _____

No. of Employees: Full-Time _____ Part-Time _____ Date Business Founded _____

Description of Business (100 words or less describe your business) _____

Primary Contact Name _____ Title _____

Primary Contact Phone _____ Date of Hire _____

Email _____ Date of Birth (mm/dd) _____

***Note:** Information above will be published in DCC Communications, including the website, newsletter, directory, ETC (except personal dates) By joining the Dundalk Chamber, you are authorizing the Chamber to communicate with you via email regarding events, membership dues, election ballots and other transactions to facilitate your membership benefits.*

How did you hear about us?

Website Social Media Attended Event Executive Director
 Current Member (if so, whom) _____ Other _____

Preferred Method(s) of Communications:

Email Mail Phone

Reasoning for Joining:

Networking Legislative Advocacy Education & Training Publicity & Exposure
 Community Involvement

One of the best ways to get the most from your investment is by joining a committee.

Please indicate your area(s) of interest:

Finance Membership & Marketing Legislative Programs & Events Nominations

ANNUAL MEMBERSHIP DUES

Number of Employees: Annual Dues Structure:

Business 1-15	\$200
Business 16-30	\$250
Business 31-50	\$300
Business 51-100	\$400
Business 101+	\$500
Non-Profit	\$125
Add Student/Retiree (modified benefits)	\$25

PAYMENT INFORMATION

Check Enclosed **Charge My:** MasterCard Visa American Express

\$ _____ Annual Dues *(From Table Above)*

\$ _____ + \$10.00 Processing Fee (New Members Only)

\$ _____ Total Amount Due

Name on Card _____ Card Number _____

Billing Address _____ Expiration Date _____ CVV _____

City, State, Zip _____

Signature _____ Date _____

****Please provide your business logo electronically for the Chamber to use on our website and other publications as agreed.***

MEMBER DISCOUNT PROGRAM

A great way to further expose your business to other Chamber Members is to provide a discount to members of the Dundalk Chamber of Commerce. Any discount you offer will be publicized to other DCC member companies. As a DCC member in good standing, your company and its employees may take advantage of any discount being offered by other DCC member companies regardless or whether you provide a discount or not.

Percentage or type of discount offered: _____

AUTHORIZATION

I am authorized to and hereby give consent for the company listed above to receive faxes, emails, and other communications, sent by or on behalf of the Dundalk Chamber of Commerce (DCC). I understand that I can revoke this consent by contacting the highest level of ethics in conducting business. All applicants must be approved by the DCC Board of Directors.

In addition, I consent to allow DDC to publish any photos of me from DDC events in DDC publications, on our social media platforms and to be given to local media outlets for publications: in newspapers, magazines, etc.

Yes No

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Effective Date: _____ Date Payment Rec'd: _____

Transaction #: _____ Received By: (Initials) _____