



## MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_

Main Contact Name & Title \_\_\_\_\_

Main Contact Cell Phone \_\_\_\_\_ Main Contact E-mail \_\_\_\_\_

Business Owner Name \_\_\_\_\_

Owner's Cell Phone \_\_\_\_\_ Owner's Email \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Published Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Published E-mail \_\_\_\_\_

Website \_\_\_\_\_

Social Media \_\_\_\_\_

Referred By \_\_\_\_\_

Description of Business \_\_\_\_\_

Category \_\_\_\_\_

Keywords \_\_\_\_\_

Reason For Joining The SRI Chamber \_\_\_\_\_

\_\_\_\_ **Gift Certificate Program:** 200+ Southern RI businesses currently participate in this program. More details available on the accompanying info sheet.

**\*\*Please note: Cell phone numbers and email addresses will not be made public unless it is listed in the "Published Phone/E-mail" field**

# Southern Rhode Island Chamber of Commerce

Growing



Since 1933

230 Old Tower Hill Road, Wakefield, RI 02879

Phone: 401-783-2801 Fax: 401-789-3120

www.srichamber.com

Advocacy | Connections | Credibility | Education | Referrals

## ***PAYMENT INFORMATION***

*All members pay the same base price!*

Membership Investment.....\$285

**DISCOUNTS AVAILABLE:**

I belong to another Chamber of Commerce.....\$61 discount (*\$224 annual fee*)

Non-Profit Membership..... \$86 discount (*\$199 annual fee*)

**Payment Plan Options:** *All payment plans must be paid by credit card that will be automatically charged. Please note that memberships are for one full year. If your membership is cancelled before the full year is complete, you are still responsible for the remainder of the balance for the year.*

**Regular Membership**

Monthly: \$25.75     Quarterly: \$73.25     Semi-Annual: \$144.50     Annual: \$285.00

**Universal Membership**

Quarterly: \$58.00     Semi-Annual: \$114.00     Annual: \$224.00

**Non-Profit Membership**

Quarterly: \$51.75     Semi-Annual: \$101.50     Annual: \$199.00

### **Credit Card Billing Information**

**Name on Card:** \_\_\_\_\_ **Type of Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing Phone Number:** \_\_\_\_\_

**\*\*Please Note:** *If you sign-up for a payment plan, your membership will be auto-renewed at the end of your (1) year membership term unless we are notified.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_