



Date: _____ Business or Organization Name: _____

Physical Location: _____ Contact: _____

Mailing Address (if different): _____

Phone (for publication): _____ Other Phone: _____ Mobile? Y N

Email: _____ Website: _____

Partnership Levels:

FTE* Employees	Amount	Non-Profit Organizations	Amount
0-3 Employees	\$175	Zero paid staff	\$80
4-9 Employees	\$230	1-10 paid staff	\$130
10-24 Employees	\$320	11-24 paid staff	\$210
25-49 Employees	\$600	25-49 paid staff	\$310
50-199 Employees	\$1,000	50 + paid staff	\$525
200 + Employees	\$2,000		
Additional Businesses under same owner	\$75	Friend of The Chamber	\$50

* - "Full Time Equivalent": 2 part-time employees = 1 full time employee

Add \$50 if you want the Chamber to manage your Web Site Enhancement for the year.

Total Due: _____

Brief description of your business / organization: _____

Payment

1) Make checks payable to Belfast Area Chamber of Commerce.

2) Credit cards accepted: MasterCard Visa Discover Other _____

Name on card _____ Account Number _____

Expiration date: ____/____/____ CID# (3-digit code on back): _____

Card billing address if different than above _____

Signature: _____ Date: _____