



## Membership Benefits and Application

### Quincy Chamber Membership Benefits

Business listing in the Membership directory (print copy and online)

Accesses to exclusive Training and Business Resources

Exclusive Sponsorship Opportunities

Weekly E-Newsletter subscription

Customized FREE Landing page

Member only Referrals

Chamber Check Program/Shop Local Program

Ribbon Cutting Celebration

Free event posting to Community Calendar

Member to Member Discounts

Free Classified Listings

Ability to include business information or coupons in Monthly Email distributed to 1500 subscribers

First in line for Event Registration

Connect with fellow members through social networks

and... so much more!

In support of the Quincy Chamber of Commerce and its programs, with assistance of the Coldwater Area Chamber of Commerce, the undersigned hereby subscribes to membership and agrees to pay the annual business investment. It's agreed that such investment shall continue from year to year until canceled by written notice while in good standing, and that such are payable in advance. The undersigned hereby agrees to abide by the rules and regulations of the Chamber of commerce and, should membership be denied, agrees not to bring suit against the Organization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of application: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_ Twitter: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Category for Directory Listing: (i.e.; Home & Garden, Automotive, Financial)

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Company Profile:

(Please share information about your business to be listed in the Chamber directory.)

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Years in business: \_\_\_\_\_ Years at current location: \_\_\_\_\_

Number of Full Time Employees, (2 part-time = 1 full-time) \_\_\_\_\_

Investment Level:

Non- Profit Organization \$60 \_\_\_\_\_ tax ID # \_\_\_\_\_ Individual Citizen \$60 \_\_\_\_\_

Small Business, (1-3 Employees) \$95 \_\_\_\_\_ Mid-Size Business, (4-11 Employees) \$125 \_\_\_\_\_

Large Scale Business, (12+ Employees) \$175 \_\_\_\_\_

Referred by: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Chamber Use only:

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Team Assignment: \_\_\_\_\_

Notes: