

WE'VE GOT





COST TO GET it

Membership Investment Schedule (effective September 1, 2016)

General Business:

Based on # of Full Time Employees (35+ hours/week, incl. management, owners at physical address)

2 Part Time Employees = 1 Full Time Employee

1 Solopreneur	\$350
2 – 5	\$375
6 – 15	\$425
16 – 34	\$500
35 – 50	\$600
51 +	\$600 for first 50 then \$2.50 per employee

Accommodations:

Includes Hotels, Motels, Apartments, Condominiums, Residential Developments

\$400 Base + \$3.00 per unit for each unit over 10

Financial Institutions:

Includes Banks, Savings & Loans, Credit Unions

\$750 Minimum

\$15 Per Million in local deposits for the 1st 20 million + \$5 per million over 20 million

Nonprofit Organizations:

Includes Associations, Civic and Religious Organizations

Attendance at Nonprofit Council meetings limited to 2 reps;

May be required to show proof of Nonprofit Status upon joining.

Up to 10 Representatives \$300 Flat rate

Restaurants:

0 – 24 Seats \$350

25 – 50 Seats \$450

51+ Seats \$600

Associates:

*** Broker must be a Member in Good Standing in order to qualify as Associate

1 Realtor \$190

Multiple Business Membership:

Available to businesses who have more than 1 business or location with the same ownership / partnership group / parent company. Larger business pays regular dues structure, smaller business pays flat fee. (Contact Membership Director for separate application)

Each Location / Additional Business \$200

Chairman's Club Membership:

Premier Membership Level for entrepreneurs, CEO's, and community leaders

Contact Membership Director for Details

\$1500

Friend of the Chamber:

Offered to those without employment, retirees with restricted membership benefits/access. Must be approved by Membership Director & President / CEO to qualify.

Contact Membership Director for Details

\$150

* One-time processing fee \$25 (applies to all new memberships)

All memberships are subject to Board of Directors approval and are continuous until written resignation is submitted. Membership investment may be tax deductible as an ordinary and necessary business expense, not a charitable contribution, are payable in advance, and non-refundable.



APPLICATION FOR it



BUSINESS INFORMATION

Company Name:		
Physical Address:		
City:	State:	ZIP Code:
Main Phone:	Main Fax:	
Website:	Main E-mail:	
# Full Time Employees (or Seats / Rooms):		# Part Time Employees:

REPRESENTATIVES

Main Contact:		Title:	
E-mail:		Phone:	
Additional Contacts Name	E-mail	Phone, Ext. / Mobile	Title

BILLING OR MAILING INFORMATION

<input type="checkbox"/> Check if same as above	Billing Contact:		
Billing Address:		Phone:	
City:	State:	ZIP Code:	
E-mail:		Title:	

BUSINESS CATEGORY

Reference <http://web.delraybeach.com/allcategories> or print directory for options if needed

Primary Classification (FREE; included in membership):	
Optional Additional Classification, Online Only (\$25 Annually):	
Keywords to help us refer your business (used in website directory search engine):	

WE WOULD LIKE TO KNOW

Referred by / How did you hear about the Chamber?	
Tax ID # / FEI/EIN, or include Articles of Incorporation:	

ANNUAL MEMBERSHIP INVESTMENT

Annual Membership Investment / Dues Total (based on Investment Schedule)	\$
Optional Additional Online Directory Classification (\$25.00 each)	+ \$
Processing Fee	+ \$25.00
TOTAL	= \$

<input type="checkbox"/> Cash	<input type="checkbox"/> Check (make out to Delray Chamber of Commerce)	<input type="checkbox"/> Credit Card (circle one)	MasterCard	Visa	AmEx	Discover
Card #:	Exp. Date:	Card Code:				
Name on Card:	BILLING ZIP CODE:					

SIGNATURES

All memberships are subject to Board of Directors approval and are continuous until written resignation is submitted. Membership investment may be tax deductible as an ordinary and necessary business expense, not a charitable contribution, are payable in advance and non-refundable.

Signature:	Date:
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Return to Membership Director, Kim Bentkover (561) 666-9705, kim@delraybeach.com



BUSINESS PROFILE

1. What would you like to get out of **it**?

<input type="checkbox"/> Increase Visibility / Exposure	<input type="checkbox"/> Networking Opportunities & Events
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Member Value Programs / Discount Opportunities
<input type="checkbox"/> Sense of Community Belonging	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Credibility / Recommended by Chamber	<input type="checkbox"/> Committee Involvement
<input type="checkbox"/> Other _____	

2. What / Who is your target customer and client(s)?

3. What Committees are you interested in joining or learning more about?
 (See Committee & Groups List; designate what representatives; 2 max per business)

<input type="checkbox"/> Ambassadors	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Education
<input type="checkbox"/> Health Care Council	<input type="checkbox"/> Nonprofit Council	<input type="checkbox"/> Leadership Series
<input type="checkbox"/> Government Affairs	<input type="checkbox"/> Programming	<input type="checkbox"/> Young Professionals (under 40)
<input type="checkbox"/> Other _____		

4. Do you want to join a LEADS Referral / Networking Group? If so, is there one in particular that meets your scheduling expectations? (Must have Chair approval before joining; \$50/ Calendar Year)
 - Yes _____

5. I would like to:
 - Host a Grand Opening (*Offered to new businesses under 1 year old; Minimal Fee applies*)
 - Sponsor An Event
 - Advertise on the Chamber Website
 - Advertise in the Chamber Newsletter, Chamber Connect

6. Would you like a Mentor?
 (Chamber Ambassador/ fellow member is assigned to you to welcome, meet, answer questions, introduce you at events, etc.).
 - Yes No

7. Would you like to offer a Member to Member Discount (Shop Local offer for fellow members)?
 - Yes No

REFER A MEMBER!

If you know anyone who could benefit from becoming a member of the Greater Delray Beach Chamber of Commerce, we'd love for you to share their information! Or e-mail kim@delraybeach.com

BUSINESS: _____
NAME: _____
PHONE: _____
E-MAIL: _____

INTERNAL OFFICE USE ONLY

- Membership Database

- E-mail

- Web Login

- Proof
