

Pembroke Area Chamber of Commerce Membership Application

Firm Name:

Physical Address:

Mailing Address:

Phone (____) _____ Fax (____)

E-Mail Address:

Business Category:

Contact Person:

Number of Employees: (Full Time) _____ (Part Time)

Annual Dues Investment: \$ _____ New _____ Renewal

Number of Employees	Dues
1	\$ 75
2-3	\$125
4-5	\$150
6-20	\$175
21-50	\$200
51-100	\$250
101-400 (plus \$1.00 per additional employee)	\$250
401 or more (plus \$.50 per additional employee)	\$550
Banks and Savings and Loan (plus .010 per \$1,000 in deposits)	\$100
Professionals (plus \$10 per employee and \$30 for associate)	\$100
Non-Profit of Charity	\$100
Retirees	\$ 30
Individuals (not active in business)	\$ 50
Public Schools	\$ 50

Committee Preference:

- Pembroke Committee Chamber Committee
 Marketing Committee Robeson Committee

Date: _____ Signature:

Please remit with check payable to: Pembroke Area Chamber of
Commerce

Pembroke Area Chamber of Commerce
PO Box 1978
Pembroke, NC 28372