



Membership Application

Business Information:

Company Name: _____

Primary Contact: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Second Phone: _____

Website: _____

Email: _____

Business Description/Category: _____

All information in this box will be listed publicly in our on-line membership directory.

(STAFF ONLY) Membership Assisted By: _____

► Billing Contact:

First _____ Last _____ Email _____

► Additional Contacts:

First _____ Last _____ Email _____

First _____ Last _____ Email _____

► Payment Information:

Total No. of Employees: Full-Time: _____ Part-Time: _____

► Payment Type:

Check Visa Mastercard Amex Discover Payment Amount: _____

Card #: _____ Exp.: _____ Verification Code: _____

Name on Card: _____ Billing Zip Code: _____

I authorize The Greater Scranton Chamber of Commerce to charge my credit card.

Authorized Signature: _____ Date: _____

Number of Employees	Dues	Number of Employees	Dues	Number of Employees	Dues
1-6 Employees	\$340.00	12 Employees	\$575.00	18 Employees	\$660.00
7 Employees	\$360.00	13 Employees	\$590.00	19 Employees	\$670.00
8 Employees	\$380.00	14 Employees	\$610.00	20 Employees	\$680.00
9 Employees	\$400.00	15 Employees	\$625.00	21+ Employees	Please call
10 Employees	\$425.00	16 Employees	\$640.00		570-342-7711
11 Employees	\$450.00	17 Employees	\$650.00		Ext. 130

Return to:

- The Greater Scranton Chamber of Commerce; Fax: (570) 347-6262
Or email Mari Potis, Director of Membership and Events, at mpotis@scrantonchamber.com



Why Join **THE CHAMBER?**



ScrantonChamber.com