



## 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: \_\_\_\_\_

Women Owned Business

Minority Owned Business

Veteran Owned Business

### ► 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	\$350.00	12 Employees	\$590.00	18 Employees	\$680.00
7 Employees	\$370.00	13 Employees	\$605.00	19 Employees	\$690.00
8 Employees	\$390.00	14 Employees	\$630.00	20 Employees	\$700.00
9 Employees	\$410.00	15 Employees	\$645.00	21+ Employees	Please call
10 Employees	\$440.00	16 Employees	\$660.00		570-342-7711
11 Employees	\$465.00	17 Employees	\$670.00		Ext. 130

### Return to:

- The Greater Scranton Chamber of Commerce  
Or email Mari Potis, Director of Membership and Events, at [mpotis@scrantonchamber.com](mailto:mpotis@scrantonchamber.com)



# *Why Join* **THE CHAMBER?**



**ScrantonChamber.com**