

Membership Application



1. Tell Us about Your Business

Company: _____
Address: _____
(As it will appear in the Web version of the DC Chamber Business Directory)
City: _____ State: _____ Zip Code: _____
Phone 1: _____ Phone 2: _____ Fax: _____
Company E-mail: _____ Web Site: _____
Date Company Established: _____

2. Tell Us about Your Staff

*Primary Contact/Title: _____
Email: _____ Phone: _____
President/CEO: _____
Email: _____ Phone: _____
*HR Contact/Title: _____
Email: _____ Phone: _____
Communications/Marketing Contact/Title: _____
Email: _____ Phone: _____
*Sales/Business Development Contact/Title: _____
Email: _____ Phone: _____
Government Affairs Contact/Title: _____
Email: _____ Phone: _____
Chief Technology Officer: _____
Email: _____ Phone: _____
Others to receive Chamber News and Event information:
Name/Title: _____
Email: _____ Phone: _____
Name/Title: _____
Email: _____ Phone: _____

***Required fields**



3. Tell Us More about Your Business

Company Classification: (Revenue and Budget information will NOT be published.)

☐ Business

Number of employees: _____

Dues amount: _____

☐ Charitable Organization (501)(c)(3)

Annual Revenue: _____

Dues amount: _____

☐ Trade Association (501)(c)(6)

Annual Revenue: _____

Dues amount: _____

Investment Schedule

Businesses

Number of Full-Time Employees	Dues Amount
1-5	\$605.00
6-25	\$815.00
26-50	\$1,170.00
51-100	\$1,700.00
101-200	\$2,285.00
201-350	\$3,505.00
351-500	\$5,305.00
501+	\$7,430.00

Nonprofits

Budgets	Dues Amount
Up to \$1.5 M	\$605.00
Over \$1.5 M to \$2.5 M	\$815.00
Over \$2.5 M to \$5 M	\$1,170.00
Over \$5 M to \$10 M	\$1,700.00
Over \$10 M to \$20 M	\$2,285.00
Over \$20 M to \$30 M	\$3,505.00
Over \$30 M to \$40 M	\$5,305.00
Over \$40 M	\$7,430.00



Business Certification:

- ☐ Women Business Enterprise (WBE)
- ☐ Veteran-Owned Enterprise (VOE)
- ☐ Service-Disabled Veteran Owned Enterprise (SDVOE)
- ☐ Minority Business Enterprise (MBE)
- ☐ Disabled Business Enterprise (DBE)
- ☐ Certified Business Enterprise (CBE)
- ☐ 8 (a)
- ☐ HUBzone

Which of the following industries best describes your business: (Select one)

- ☐ Accounting
- ☐ Business Services (Consulting, Printing, Business Forms)
- ☐ Caterers
- ☐ Construction (Architecture, Engineering, Management, Planning, Building, Development, General Contractors)
- ☐ Education (Schools, Colleges, Universities, Adult Learning)
- ☐ Entertainment/Cultural (Theaters, Music, Sports, Museums, Sightseeing)
- ☐ Employment Services (Benefits, Consulting, HR, Recruiting, Staffing Agencies, Training/Sales)
- ☐ Financial Services (Banks, Credit Unions, Consulting, Venture Capital, Private Equity)
- ☐ Government (Federal, State, Local)
- ☐ Healthcare (Hospitals, Pharmaceutical, Physicians, Dentists, Hospice Services, Nursing Homes, Labs)
- ☐ Hospitality (Hotels, Motels, Resort, Bed and Breakfast)
- ☐ Insurance
- ☐ Law Firm
- ☐ Manufacturing/Distribution (Chemicals, Paper Products, Services, Food Products, Machinery)
- ☐ Marketing/Media (Advertising, PR, Consulting, TV, Radio, Newspapers, Publishing)
- ☐ Nonprofits (Associations, Foundations, Charitable Organizations)
- ☐ Real Estate (Sales, Brokerage, Rentals, Agents, Commercial, Residential, Developers)
- ☐ Retail (Consumer Products, Consumer Services, Automobiles)
- ☐ Restaurants/Clubs (Restaurants, Bars, Cafes, Taverns)
- ☐ Technology (Telecom, Consultants, Sales and Service, Electronics, Cable, Satellite)
- ☐ Travel/Transportation (Airports, Airlines, Trains, Buses, Limousine Service)
- ☐ Utilities
- ☐ Other _____

Company Description: _____

How did you hear about the Chamber?

- | | | |
|---|---|--|
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Mail | <input type="checkbox"/> Website/Email |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Chamber Member | <input type="checkbox"/> Other |

Which Newspaper/Magazine, Chamber Member or Other referred you? _____

What are your expectations from the Chamber? (Check all that apply)



- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Member Discounts |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Government Contracts Opportunities | <input type="checkbox"/> Visibility |
| <input type="checkbox"/> Marketing Assistance | <input type="checkbox"/> Other _____ |

Is your company on Twitter or Facebook? Please share your Twitter handle and Facebook page here:

Twitter: _____

Facebook: _____

4. Payment Method (check one)

Would you like to contribute to the DC Chamber Political Action Committee (PAC)? ☐ Yes ☐ No

☐ \$25 ☐ \$50 ☐ \$100 ☐ Other _____

Dues Amount: \$ _____

One-time Processing Fee: \$ 25.00

Total Amount: \$ _____

Membership Terms & Cancellation Policy

I acknowledge, understand and agree that: (i) I have reviewed and will comply with the rules and regulations of the DC Chamber of Commerce ("DC Chamber") regarding membership; (ii) my membership will be for a minimum term of 12 months; (iii) I will receive a renewal notice 60 days prior to the renewal date of the membership start date; (iv) I may cancel my membership 30 days prior to the renewal date of the membership start date; and (v) if I do not cancel my membership prior to the renewal date of the membership (anniversary of the membership start date), my membership will automatically renew on a yearly basis.



☐ Check enclosed (Make checks payable to the DC Chamber of Commerce)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ 3-digit security code: _____ Exp. Date: ____/____/____

Name on Card: _____

Signature of Card Holder: _____

Daytime Phone: _____

In joining the DC Chamber of Commerce, members acknowledge that the Chamber may take positions on legislation or policy that are contrary to the personal opinions or business practices of said member. As a membership organization the Chamber's positions will always reflect the general interest of the membership.

By signing below I acknowledge that I am authorized to submit this application for membership to the DC Chamber of Commerce on behalf of the company/organization listed above.

Signature: _____ Date: _____

Please return this application to:

Membership Department
1133 21st Street NW Suite M200 Washington, DC 20036
Tel. (202) 347-7201
info@dcchamber.org