



2010 Membership Investment Form

For Office Use Only	
_____ New	_____ Renewal
Date received _____	
Credit Cash Check No. _____	

Please remit upon receipt

Your Membership Expires on

Your Member Information

(Please verify and correct any information)

Business Name:			Address:	
Contact Person:				
Preferred Name:				
Title:			Web Site:	
Department:			Email:	
Phone and ext.:	Ext.		Fax:	
Cell Phone:				

Staff Contacts

The Chamber will be happy to send copies of The Newsletter to as many members of your staff as you wish, at no extra charge. Please list below the names and email addresses of your staff that you would like to have a copy of the newsletter.

(If necessary list added staff on a separate paper)

How did you learn about the New Haven Chamber of Commerce?

Member Benefits

The New Haven Chamber of Commerce has a number of member benefits that are available to you **at no charge.**

Please check the boxes of all the benefit programs that interest you:

- I have between 2 and 50 employees and would like to be contacted about saving money on health insurance through **Physicians Health Plan**
- I would like to save 5 to 14% off of my business or personal insurance through the **Auto Owners Insurance Program**
- I would like to save at least 6% on all purchases made through **Office Depot**
- I would like to learn more about discount advertising in the **Times Community Publications**
- I would like to learn more about marketing my business through the **New Resident and New Member Packet** programs
- I would like to meet new residents and other member businesses as a **Chamber Ambassador**
- I would like to have information on receiving Identity Theft Education provided by **Pre-Paid Legal** free of charge for my employees.

Payment Options

Please make checks payable to
New Haven Chamber of Commerce

Please do not send cash via mail. The Chamber accepts cash but strongly suggests delivering it in person.

(circle one) American Express Discover VISA Mastercard

Credit Card number: _____

Expiration Date: _____

Name on card: _____

Please sign to receive emails and faxes

This authorization is required for The Chamber to communicate with its membership.

I give permission to the New Haven Chamber of commerce to electronically transmit (via email and/or fax) information to all of the addresses and/or telephone/fax numbers listed on this form.

Signature: _____

Date: _____

Miscellaneous Information

What are specific business needs that are important to your business? Where or how can the chamber of commerce assist in those needs?

What services, events, or opportunities do you want to see from the Chamber of Commerce? _____

Please complete this form and return with payment to:
New Haven Chamber of Commerce
 P.O. Box 66 ♦ New Haven, IN 46774
 Phone: 260-749-4484 ♦ Fax: 260-749-7900 ♦
info@newhavenindiana.org
www.newhavenindiana.org

**A Voice For Business
 And
 The Betterment of the Community**

Annual Investment Schedule

Individual/Retiree - \$75.00
Not-For-Profit/Religious - \$100.00
Political - \$75.00

Professional Firm (this would include CPA's, Insurance, Legal, Engineering /Architecture, Medical, Real Estate, etc)
 \$150 base plus \$1.50 per full-time employee plus \$15.00 for each professional

Financial
 \$10 per \$1 million in Deposits

Utilities
 \$500 base plus \$0.05 per meter service

Education/College - \$350.00

Hospitals/Nursing Homes/Hotels
 1-100 units \$200 base plus \$1.50 per unit
 Over 100 units \$200 base plus \$1.25 per unit

General Business (Retail, Sales and Service Industries)

<u>Employee Base</u>	<u>Annual Investment</u>
1-5	\$150.00
6-10	\$175.00
11-20	\$200.00
21-30	\$225.00
31-40	\$250.00
41-50	\$275.00
51-75	\$300.00
76-100	\$325.00
101+	\$400.00

Industrial/Manufacturing

<u>Employee Base</u>	<u>Annual Investment</u>
1-5	\$225.00
6-20	\$275.00
21-50	\$325.00
51-75	\$375.00
76-100	\$425.00
101-150	\$475.00
151-200	\$525.00
201-400	\$625.00
401-600	\$725.00
601+	\$850.00

Branches/Additional Locations
 \$125.00 base plus \$1.50 per employee