



MEMBERSHIP APPLICATION

BUSINESS NAME: _____

PRIMARY CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

OFFICE: (_____) _____ CELL: (_____) _____

IF CELL PHONE # IS PROVIDED, CHECK HERE TO OPT IN FOR NJCC TEXT MESSAGING: YES NO

WEBSITE: _____ E-MAIL: _____

BUSINESS CLASSIFICATION: _____

(Examples: Real Estate, Web Design)

PLEASE LIST ADDITIONAL TEAM MEMBERS WHO YOU WANT TO RECEIVE CORRESPONDENCE

NAME: _____ E-MAIL: _____

NAME: _____ E-MAIL: _____

HOW DID YOU HEAR ABOUT US?

Website Google Search Social Media Attended an NJCC Event E-mail Blast Michelle Vernuccio

Referred by a Member **Please List Member's Name:** _____

Please List Member's Business: _____

MEMBERSHIP DUES & PAYMENT INFORMATION

MEMBERSHIP LEVEL IS BASED OFF OF TOTAL # FULL-TIME EMPLOYEES AT A SINGLE LOCATION

Discounts offered for multiple locations. Call NJCC to inquire about pricing.

\$197: 1-24 (FT Employees) **\$347: 25-74 (FT Employees)** **\$500: 75+ (FT Employees)**

Check Enclosed VISA MasterCard American Express Discover

(4% convenience fee) will be added to the pricing above when it's time to check out registration. CASH OR MAIL-IN CHECK OPTION AVAILABLE; please call 973-470-9300.

FULL NAME ON CARD: _____

CREDIT CARD #: _____ EXP: _____ CVV: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This application is subject to approval by the Chamber of Commerce. Your membership investment is tax deductible as a business expense.

Mail Completed Form & Check:
North Jersey Chamber of Commerce
PO BOX 242 | Garfield, NJ 07026

New Member Application Sponsor:

