

Membership Application

Or apply online: <http://members.bedfordcountychamber.com/member/newmemberapp/>

This information will be used in the Chamber's website and printed member directories.

Company/Organization Name _____

Primary Contact & Title (Contact to be included in listing) _____

Street Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Fax _____

Email _____ Website _____

Description (approx. 25 words) _____

Billing & Additional Contact Information (this is for Chamber use, not for publication)

Mailing/Billing Address _____
(if different from above)

City _____ State _____ Zip _____ - _____

Mobile _____ May the Chamber communicate with you via email? _____

Do you have a Facebook Page? Yes ___ No ___ (We like all of our members' pages!)

Please List Additional Contacts in your Business with their Email Addresses (if so desired)

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Business Classifications (Your business will be included under categories 1 & 2 in the printed directory;
Your business will be included in categories 1,2,3 & 4 in the online directory
(Please see classification list if you are unsure of your categories)

1) _____ 2) _____

3) _____ 4) _____

I would like more information about these programs, events and committees (optional)
(Check all the apply)

- Annual Dinner & Awards Celebration
- Home, Garden; Lifestyle & Outdoors Show
- Business Community & Career Showcase
- Government: It's Your Business Events
- Quarterly Membership Breakfast or Lunch
- Business After Hours / Networking Events
- Women in Business Events
- Agri-Business Events
- Marketing Programs
- Inclusion/Workforce Programming
- Chamber Golf Tournaments (Traditional, Virtual)
- Bike Bedford County
- PA Lumberjack Show

Chamber (Education) Foundation Programs

- Leadership Bedford County
- Youth Leadership Bedford County
- BASICS (Businesses and Schools Investing in Cooperative Solutions - career, leadership, literacy programs for Bedford County students)
- Workforce Development & Career Exploration Events
- Touch a Truck / Career Fairs
- Holiday Nights of Lights
- Foundation Fundraisers
(concert events, twilight dinners, etc.)

Your signature: _____

Print Name _____

Today's Date _____
(This is your Chamber anniversary date & dues renewal due date)

Year Founded: _____

Number of Employees: _____

Full time _____ Part Time _____
(Chamber Advantage Cards will be distributed based on these counts.)

Membership Investment Opportunities:

- Founder's Circle: \$5,000/year (\$1275/quarter or \$450/month)
- Executive: \$2,500/year (\$650/quarter)
- Investor: \$1,100/year \$277/quarter or \$100/month
- Premium: \$525/year (\$135/quarter or \$45/month)
- Basic: \$250/year (\$65/quarter or \$25/month)

Membership Investment: \$ _____

_____ I would like to take advantage of the auto-debit program and pay my dues in quarterly or monthly installments.

(Complete & Attach Auto-Debit Form)



Bedford County Chamber of Commerce

Leading Businesses. Leading Communities.™

Chamber members may pay dues in quarterly or monthly installments using our auto-debit option (\$2/transaction fee applies.)

Authorization Agreement for Automatic Banking Services

Company Name: Bedford County Chamber of Commerce

I hereby authorize **The Above Named Company**, hereinafter called COMPANY, to initiate Credit Debit (select one) entries and to initiate, if necessary, adjustments for any entries in error to my (our) accounts indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such accounts.

DEPOSITORY NAME (PLEASE PRINT)		BRANCH	
CITY	STATE	ZIP	TRANSIT/ABA NO.
CHECKING ACCOUNT NO.		SAVINGS ACCOUNT NO.	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S)	
CUSTOMER ID NUMBER	DATE

Choose Withdrawal Schedule (check one)

- Full payment Annually (On application anniversary date)
- Quarterly payment: (May 15, August 15, November 15 & February 15) - (\$2 transaction fee applied)
- Monthly payment: (15th of each month - \$2 transaction fee applied)

_____/_____
Signature Date

Print Name