



ROME AREA CHAMBER OF COMMERCE Membership Application

Please complete & returned signed application to
 Rome Area Chamber of Commerce * 139 W. Dominick St., Rome, NY 13440

Business Name

Contact Person

Street Address

PO Box

City

State

Zip

Billing Address

City

State

Zip

Year Established

Phone

Fax

Email

Web Address

Category of Business (similar to a Yellow Pages listing)

Product/Service

Please see Membership Investment Schedules 1-16, select the Schedule that most closely relates to your type of firm, and complete the following as it relates to your Schedule Number.

COMPUTING YOUR MEMBERSHIP INVESTMENT

Please indicate your Schedule Number (refer to attached Schedule Guidelines to determine):

If it's Schedule 1, please complete the following:

Number of full-time employees including yourself:	
Number of part-time employees:	
Number of full-time equivalent (FTE) employees:	

If you have part-time employees, you need to determine your number of FTE employees in order to compute your membership. For example, if you have 10 full-time and 12 part-time, the standard rule is 2 part-time equals one full-time equivalent. In this example, 12 part-time would equate to 6 full-time equivalent added to the 10 full-time equals a total of 16 full-time equivalent. In Schedule 1, your membership is to be computed in accordance with your total full-time equivalent employees. The first two are included in the \$220; then multiply \$7.85 times 14 and add it to the \$220.

For Schedules other than Schedule 1, please complete the following:

Schedule 2, number of screens	
Schedule 3, amount of square feet	
Schedule 4, number of utility customers	
Schedule 5, number of paid circulation	
Schedule 6, number of rooms/units	
Schedule 7, number of rooms/units	
Schedule 8, number of spaces	
Schedule 9, amount of deposits	\$
Schedule 10, number of licensed professionals/brokers and number of non-licensed professionals, employees, or agents	

Once you have determined your schedule, please follow its guidelines and compute the membership fee: \$ _____

All new memberships add a one-time enrollment fee of \$ **30.00**.

TOTAL ACCORDING TO SCHEDULE PLUS ENROLLMENT FEE: \$ _____

<u>Please circle method of payment</u>	Check	Visa	MC	AmExp	Discover
Account Number:				4-digit Security Code	
Signature			Expiration Date		



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Firms with more than one voting member should list names and addresses of additional members in the space provided below. The Basic Investment of \$220.00 entitles a firm to one individual as a voting representative. Each additional \$165.00 above the minimum investment entitles that firm to one additional voting representative up to a maximum of 10 voting members per membership account.

Name	Address

Please list reasons(s) why you want to join the Chamber of Commerce:

Signature

Date

Thank you! We appreciate your participation and look forward to working with you!