



# 2017 Membership Investment Form

<b>For Office Use Only</b>	
_____ New _____ Renewal	
Date received _____	
Credit _____	Cash _____
Check No. _____	

Please return the completed form along with your investment      Your Membership Expires on \_\_\_\_\_

## Your Member Information

*(Please verify and correct any information)*

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

## 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)*

We have many requests for email addresses, please sign below if you are OK with us sharing that information:

\_\_\_\_\_

## 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 that you are not already participating in:**

- 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 up to 60% on supplies bought through **Office Depot**
- I would like to learn more about possibly saving 20-30% on my current telecommunications bill as a new subscriber or adding a new product with **Comcast Business**
- 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 about saving up to 75% on prescription drugs with an **Indiana Drug Card**
- I would like to have information on discounts on graduate degree programs from **Trine University** in Business Administration, Leadership, Engineering Management, or Criminal Justice
- I would like to have more information on saving up to 25% on Constant Contact, a complete marketing solution.
- I would like to have more information on the 10% discount on new commercial or temporary commercial accounts provided by **Advanced Disposal**
- I would like more information on the waiving of the enrollment fee of \$99 dollars for Chamber Members & employees by **Curves of New Haven**
- I would like to have more information on saving 2 months of service fees free on a one year contract from **Aardvark Pest Control**
- I would like more information on the FREE initial screening and 10% discount on a half package or 20% discount on a full package of the Sports Performance Program from **Indiana Physical Therapy**
- I would like more information on saving 10% on products from **The Wellness Barn**

## 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: \_\_\_\_\_

Customer # (four digit code) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

## 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?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**How did you learn about the New Haven 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](mailto:info@newhavenindiana.org)

[www.newhavenindiana.org](http://www.newhavenindiana.org)

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

## Annual Investment Schedule

**Individual/Retiree** - \$90.00

**Not-For-Profit/Religious** - \$120.00

**Political** - \$90.00

**Professional Firm** (this would include CPA's, Insurance, Legal, Engineering /Architecture, Medical, Real Estate, etc)

\$170 base plus \$2.00 per full-time employee plus \$20.00 for each professional

**Financial**

\$170 base plus \$15 per \$1 million in Deposits

**Utilities**

\$560 base plus \$0.05 per meter service

**Education/College** - \$385.00

**Hospitals/Nursing Homes/Hotels**

1-100 units \$235 base plus \$1.75 per unit

Over 100 units \$235 base plus \$1.50 per unit

**General Business** (Retail, Sales and Service Industries)

<u>Employee Base</u>	<u>Annual Investment</u>
1-5	\$175.00
6-10	\$200.00
11-20	\$230.00
21-30	\$260.00
31-40	\$285.00
41-50	\$315.00
51-75	\$340.00
76-100	\$370.00
101+	\$450.00

**Industrial/Manufacturing**

<u>Employee Base</u>	<u>Annual Investment</u>
1-5	\$260.00
6-20	\$315.00
21-50	\$370.00
51-75	\$425.00
76-100	\$475.00
101-150	\$535.00
151-200	\$590.00
201-400	\$695.00
401-600	\$810.00
601+	\$945.00

**Branches/Additional Locations**

\$160.00 base plus \$1.75 per employee

## Additional Fees

**There is a one time membership application fee of \$35.00.**