



2020 Membership Investment Form

For Office Use Only	
_____ 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)

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)

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 more information on saving up to 25% on Constant Contact, a complete marketing solution.
- 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**
- I would like more information on receiving a free credit card terminal, free 50 standard gift cards, free on-line reporting, free mobile swipe and more from **POS Merchant Card Services Inc.**
- I would like to have more information about advertising discounts in the IN/FortWayne Publications offered by **KPC Publications**
- I would like to have more information about a 10% discount on Managed IT services through **TriCore Logic, LLC**.
- I would like to have more information about a 10% discount on orders over \$40 from **Forever Friends Floral**. (Excludes weddings and wire outs)

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

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

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

\$160.00 base plus \$1.75 per employee

Additional Fees

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