

www.blairchamber.com

| Chamber Office Use Only |
|-------------------------|
| Sponsor |
| Rec |
| Amt |
| Chk |
| Billing Date |
| Acct. Code |
| Class. Code |
| |

| Devorris Center for Business Development | Acct. Code | | |
|--|-------------------------------|--|--|
| 3900 Industrial Park Drive, Suite 12 Altoona, PA 16602 | | | |
| 814-943-8151 fax 814-943-5239 | Date | | |
| D : N | | | |
| Business Name | l like it to appear in print) | | |
| Date Business Established | | | |
| Contact Person To Receive Communica | ations: | | |
| ☐ Mr. ☐ Mrs. ☐ Ms. | | | |
| Name | | | |
| Title | | | |
| Email | | | |
| Additional Contact Person To Receive | | | |
| ☐ Mr. ☐ Mrs. ☐ Ms. | | | |
| Name | | | |
| Title | | | |
| Email | | | |
| Business information: | | | |
| Address | | | |
| City | State Zip | | |
| Phone (Area Code): | | | |
| Fax (Area Code): | | | |
| Web Address | | | |
| Company E-mail | | | |
| ☐ Please send all invoices by email or | nly. | | |
| Primary Classification Code (free with membersh | ip): | | |
| Additional Classification Codes (optional): You may select up to 3 additional codes for an annual \$25 fee per code. See enclosed Classifications Codes list. | | | |
| | | | |

Remember, as a Chamber Member, all your employees are Chamber Members too!

This Chamber investment is not tax deductible as a charitable contribution for federal tax purposes; however, your membership investment may be tax deductible as an ordinary and necessary business

Please complete back of application —

| Number | of Employees in | Blair County: | | | | | | |
|--|--|----------------|--------------------------------|---------------|------------------------------------|--|--|--|
| Number of full-time employees Number of part-time employees | | | | | | | | |
| | x 1.00 = | _ (A) | x .50 | = | _ (B) | | | |
| Number o | f seasonal full-time | employees | Number of season | nal part-time | employees | | | |
| | _ x .50 = | _ (C) | x .25 | = | (D) | | | |
| Total full- | time equivalent em | ployees (A + B | + C + D) = | | | | | |
| Members | ship Investment: Us | | | | | | | |
| the Investment Schedule to determine annual membership | | | | | | | | |
| investment, or, refer to Investment Exceptions. Membership Investment Schedule | | | | | | | | |
| | - | 1 | | 1 404 405 | Energles | | | |
| 1 - 5 6 - 10 | Employees\$299 Employees\$323 | | ployees\$ 900 ployees\$ 980 | | Employees\$1545 Employees\$1563 | | | |
| 11 - 15 | Employees\$345 | 201 - 225 Em | ployees\$1056 | 451 - 475 | Employees\$1585 | | | |
| 16 - 25 26 - 35 | Employees\$394 Employees\$438 | | ployees\$1134 ployees\$1212 | | Employees\$1604 Employees\$1624 | | | |
| 36 - 50 | Employees\$510 | | ployees\$1291 | | Employees\$1642 | | | |
| 51 - 75 | Employees\$589 | 301 - 325 Em | ployees\$1349 | 551 - 575 | Employees\$1660 | | | |
| 76 - 100 101 - 125 | Employees\$667 Employees\$745 | | ployees\$1410 ployees\$1467 | | Employees\$1682 Employees\$1702 | | | |
| 126 - 150 | Employees\$812 | | ployees\$1510 | | Employees\$1720 | | | |
| | | | | l | | | | |
| Memb | ership Inve | stment E | xceptions | | | | | |
| (Accountants, Architects, Attorneys, Dentists, Doctors, Engineers, Insurance Reps, and Realtors) Hospitals/Nursing Homes/Personal Care Homes - \$299 + .79 Per Bed Motels/Hotels - \$299 + \$4.71 Per Room (with Restaurant/Lounge) \$299 + \$3.13 Per Room (without Restaurant/Lounge) Public Utilities - Negotiated Commercial Banks - \$997 Minimum or \$9.41 Per Million of Deposits (whichever is greater) Savings Banks - \$914 Minimum or \$9.41 Per Million of Deposits (whichever is greater) Branch Office of a Chamber Member parent company - \$65 each branch Individuals - \$87 / Retired Individual - \$79 Blair County Farms - \$176 Government Agencies - \$299 Out of County Businesses - \$299 Annual Membership Investment \$PLEASE NOTE: Your first payment and | | | | | | | | |
| Additiona New Mem TOTAL | I Classification Cod ber Processing Fed | des \$ 20. | one-time pro | cessing fee | must accompany | | | |
| | ent Options | | and and the transfer | | San An Albar Caller | | | |
| would like to make payments on the annual membership investment according to the following: Annually Semi-Annually Quarterly Monthly (This entire requires an ACH outcometic draft of your account, account account) | | | | | | | | |
| ☐ Monthly (This option requires an ACH automatic draft of your account, see enclosed) I pledge to pay the Annual Membership Investment in the amount specified above. I understand | | | | | | | | |
| that this contract automatically renews itself each year unless changed by written notice. | | | | | | | | |
| Signature of person completing application Date | | | | | | | | |
| Signature | οτ person completi | ng application | [| Date | | | | |