

**New Application /
Member Renewal Form
January~December 2012**



**P.O. Box 181
Paulsboro, NJ 08066
(856) 423 - 7600**

Name of Business or Member _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email Address _____

Please provide your website address if applicable _____

Describe Your Business _____

Please choose the appropriate category and list those who are eligible to attend functions under your membership.

_____ **Non-Business Membership \$25.00**

_____ **Community Membership \$35.00 (For government, religious, civic and non-profit organizations.)**
List one person who may attend our functions and receive our emails.

_____ **Business Membership 1-4 Full Time Employees \$60.00**
List two people who may attend our functions and receive our emails.

_____ **Business Membership 5-24 Full Time Employees \$85.00**
List up to four people who may attend our functions and receive our emails.

_____ **Business Membership 25-99 Full Time Employees \$120.00**
List up to six people who may attend our functions and receive our emails.

_____ **Business Membership 100-249 Full Time Employees \$175.00**
List up to eight people who may attend our functions and receive our emails.

_____ **Business Membership 250 + Full Time Employees \$200.00**
List up to ten people who may attend our functions and receive our emails.

DOES YOUR BUSINESS HAVE A CHAMBER PLAQUE _____ Yes _____ No.? WOULD YOU LIKE ONE ___ Yes ___ No?

HAVE YOU EVER BEEN A MEMBER OF THIS CHAMBER PREVIOUSLY _____ Yes _____ No?

www.paulsborochamber.com