

New Application /
Member Renewal Form
January~December 2010



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 _____

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 two people who may attend our functions and receive our mailings.

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

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

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

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

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

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