



Non-Profit 2009 Membership Application

Business Information

Name of Business: _____ Non-Profit Categories: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Primary Chamber Contact: _____ Title(s): _____

Primary Contact Email Address: _____

Primary Decision-Maker: _____ Title: _____

How long have you held this position? _____

Other Decision-Maker(s): _____ Title(s): _____

Website: _____

Number of Employees? _____ Mo/Yr Business Established? _____ Number of Locations: _____

Other: _____ Certified: _____

Select Membership Type and Investment Information

501c(3) Non-Profit Chamber Membership is based on annual budget. In order to determine the appropriate membership dues amount, use line 17 of your latest Form 990 tax return or line 24 on your latest Form 990-PF.

The Greenville Chamber of Commerce, through it's Non-Profit Alliance, serves as a local advocate, training center and networking hub for the Upstate's non-profit organizations. Our guiding principal is to serve the non-profit community by creating pier-to-pier networking events, best practice forums and business-to-business coaching in order to improve the overall business environment and help non-profits grow and flourish in our area.

- _____ Annual Budget less than \$99,999: \$100
- _____ Annual Budget between \$100,000 and \$299,999: \$200
- _____ Annual Budget between \$300,000 and \$999,999: \$300
- _____ Annual Budget more than \$1,000,000: \$400

*97 percent of your membership dues are tax deductible. In compliance with the Omnibus Budget Reconciliation Act of 1993, 3 percent of your membership dues are not deductible as a business expense because of allocation to lobbying expenditures. *Annual membership dues include a one-year subscription to the Chamber's In Touch e-newsletter. *All memberships renew on their anniversary date.

Payment Method

Payment Method: _____ Cash _____ Check _____ MasterCard _____ Visa _____ Discover _____ Amex

Name on Card: _____ Account #: _____

Exp. Date: _____ Authorization #: _____

Signature: _____ Date: _____/_____/_____

Official Use Only

Account Manager or Sponsor: _____ Company: _____

Bus. Code: _____ Dues Amt.: _____

Member Profile ID: _____ New Member Kit? Yes or

Additional Representatives

**Chamber membership is a privilege that all employees should enjoy.
Please add additional employees from your company below.**

1. Name _____ Title _____
Phone _____ E-mail _____

2. Name _____ Title _____
Phone _____ E-mail _____

3. Name _____ Title _____
Phone _____ E-mail _____

4. Name _____ Title _____
Phone _____ E-mail _____

5. Name _____ Title _____
Phone _____ E-mail _____

Make your membership work for you

Reasons for joining

- Access/business information services
- Advocacy/political issues
- Business/product exposure
- Community involvement
- Credibility
- Saving Money
- Networking
- Quality of life/economic development
- Training/education
- Other _____

Want more information?

- Business Women in Action
- Carolina First Center for Excellence
- Human Resources Leadership Forum
- Legislative/Environmental/Transportation Committees
- Manufacturers' Group
- PULSE (Young Professionals)
- SmartBuys (Special Member Discounts)
- Member to Member Discounts
- Small Business Committees