



-A subsidiary of the Southeastern Chamber of Commerce

Investor Membership Application

A. Company Information

Company Name _____ Date _____

Contact Name _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

(As it will appear in the membership directory and on the web)

Phone _____ Fax _____ Web Site _____

(If different from above)

Billing Address _____ City _____ State _____ Zip _____

B. Staff Information

Primary Contact/Title _____ Email _____ Ph. _____

President/CEO _____ Email _____ Ph. _____

HR Manager _____ Email _____ Ph. _____

Sales/Marketing _____ Email _____ Ph. _____

PR Officer/Spokesmen _____ Email _____ Ph. _____

If there are any other representatives within your company to receive Chamber updates and event invites:

Name/Title _____ Email _____ Ph. _____

Name/Title _____ Email _____ Ph. _____

C. Additional Company Information

Company Classification: (Revenue and Budget information will not be released in any capacity)

Business

Number of employees _____ Annual Revenue _____ Dues amount _____

Charitable Organizations 501(c) 3


Number of employees _____ Annual Revenue _____ Dues amount _____


Trade Associations 501(c) 6


Number of employees _____ Annual Revenue _____ Dues amount _____

D. Annual Membership Fee Schedule


Small Business Investors


 **New Kid on the Block** \$475 Investment
Laymen Description: This Tier Level is ideal for potential members that have just started their first business and need assistance with A-Z formation. You must be a Start-Up/1-Year or Less, 0-1 Employees and Non-Brick & Mortar.

 **Business Card Swapper** \$600 Investment
Laymen Description: This Tier Level is ideal for potential members that are busy entrepreneurs working inside the business, with limited time to leverage opportunities outside of the business. This level gives you access to networking mixers and meetings at no charge, referrals from other members that you meet, and marketing opportunities to help drive traffic to your business.

 **Ready to Rock** \$1500 Investment
Laymen Description: This Tier Level is ideal for potential members that are ready to attend events, seminars, and leverage opportunities and services within the Chamber that give them a direct return-on-investment. Benefits are centered around increasing revenue, making the sale, marketing a particular product or service, and meeting the right people to foster meaningful connections. Committee and council positions, loans, grants, funding referrals, and benefits customization are ideal offerings at this level. This level also includes ribbon cuttings, grand openings, and groundbreaking ceremonies with public relations and press notification deliverables (i.e., invites, event coordination, marketing flyer, catering packet etc.).

Corporate Tier Investors

 **Governor** \$3000 Investment
Laymen Description: This Tier Level is ideal for potential members looking to connect with government officials, law makers and lobbyist regarding decisions made in front of local, state and national government. This level is also attractive to companies looking for government and small business contracts, community recognition and awareness, regional marketing opportunities, staff support, employee talent recruiting, employee training, diversity, company branding exposure and much more. *See benefits sheet for more details.*

 **CEO's Circle** \$5500+ Investment
Laymen Description: This Tier Level is ideal for potential member-CEO's, Presidents, and Executive Leadership looking for specific top-level connections and partnerships with red-carpet access to investments, deals, products and services. This level is required for any large-to-midsize companies with specific needs. **See benefits sheet for exclusive details.*

Nonprofit Investors (Budget Based)

- Up to \$10k..... \$400 Investment
- Over \$10k- 20k \$616 Investment
- Over \$20k- 30k..... \$800 Investment
- Over 30k-50k \$1517 Investment
- Over 50k + \$2500 Investment

The SCC is a non-profit, mutual benefit organization.

All information is held in strict confidence and not released unless authorization is explicitly given to do so.

www.southeasternchamber.org

P.O. BOX 63091 ▪ N. Charleston, SC 29419 ▪ Phone: 843.263.3000

E. Describing Your Business

Tell us which of the following industries best describe your business: (Select One)

- Accounting (CPAs, Ledger Consultant, Fiscal Accountants)
- Business Services (Consulting, Printing, Business Compliance)
- Caterers (Culinary Arts, Food Service Management, Dietitians)
- Construction (Architecture, Engineering, Management, Planning, Development, General Contractors)
- Education (Schools, Colleges, Universities, Adult Learning)
- Entertainment/Intercultural (Theaters, Music, Sports, Museums, Sightseeing)
- Employment Services (Benefits, Consulting, HR, Recruiting, Staffing Agencies, Training/Sales)
- Financial Services (Banks, Credit Unions, Consulting, Venture Capital, Private Equity, Financial Planners, Investors)
- Government (Federal, State, Local)
- Healthcare (Hospitals, Pharmaceutical, Physicians, Dentists, Hospice Services, Nursing Homes, Labs)
- Hospitality (Hotels, Motels, Resorts, Bed and Breakfast)
- Insurance (Life, Auto, Medical, Dental, Homeowners, Business)
- Law Firm (Paralegal, Tax, Legal Advisers)
- Manufacturing/Distribution (Chemicals, Paper Products, Services, Food Products, Machinery)
- Marketing/Media (Advertising, PR, Consulting, TV, Radio, Newspapers, Publishing)
- Nonprofits (Associations, Foundations, Charitable Organizations)
- Real Estate (Sales, Brokerage, Rentals, Agents, Commercial, Resident, Developers)
- Retail (Consumer Products, Consumer Services, Automobiles)
- Restaurants/Clubs (Restaurants, Lounges, Bars, Cafes, Bistros, Taverns)
- Technology (Wireless, Telecom, Consultants, Sales, Services, Electronics, Cable, Satellite)
- Travel/Transportation (Airports, Airlines, Trains, Buses, Taxis, Limousine Service)
- Utilities
- Other _____

Business Certification:

- Women Business Enterprise (WBE)
- Veteran-Owned Enterprise (VOE)
- Service-Disabled Veteran Owned Enterprise (SDVOE)
- Minority Business Enterprise (MBE)
- Disabled Business Enterprise (DBE)
- Certified Business Enterprise (CBE)
- 8 (a)
- HUBZone

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Company Description

How did you hear about the Southeastern Chamber of Commerce?

- | | | |
|---|---|--|
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Mail | <input type="checkbox"/> Website/Email |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Chamber Member | <input type="checkbox"/> Other |

Check **ONE (1)** major expectation that you have of the Chamber.

- | | |
|--|---|
| <input type="checkbox"/> Government Contract Opportunities | <input type="checkbox"/> Member Discounts |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Business Education |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Marketing Assistance |
| <input type="checkbox"/> Visibility | <input type="checkbox"/> Other _____ |

F. Method of Payment/Disclosures

Credit Card Type _____	Credit Card# _____	CVV _____
Expiration ____/____/____	Cardholders Name _____	Billing Zip _____
Authorization Signature _____	Date _____	

Donation \$ _____ Gift Amount \$ _____ Investment Dues Amt. \$ _____

Total Amount Due \$ _____ *(Make checks payable to SCC.)*

I submit this application for membership to the West Ashley Area Chamber of Commerce, a subsidiary of the Southeastern Chamber of Commerce with all rights, privileges and benefits thereto. Membership to the Chamber of Commerce is annual and is automatically renewed 1 month before the original application date, unless written cancellation is provided to the Chamber at least 60 days prior to the renewal date. Renewal dates are 11 months from the date I join the Chamber. By signing below, I hereby authorize the Chamber to retain my above credit card information on file and am also aware that it may be automatically charged if my membership dues become past due or move to collections status.

In joining the Southeastern Chamber of Commerce, I, _____, acknowledge that the Chamber may take positions on legislation or policy that are contrary to my personal opinions or business practices. As a membership organization the Chamber's position will always reflect the general interest of the membership.

Signature _____ Date _____

Please return this application to:

Member Services: P.O. Box 63091, North Charleston, SC 29419
 Phone: 843.263.3000
 Web: www.southeasternchamber.org

For questions or more information, please contact:

Director of Membership Services
 Phone: 843.263.3000
 Email: membership@southeasternchamber.org

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

 Customer Signature

 Date