

**ANNUAL MEMBERSHIP INVESTMENT**  
EFFECTIVE October 1, 2011

# of Employees	Amount	# of Representatives**
1-2	\$ 270	1
3-5	320	1
6-10	390	2
11-30	470	3
31-50	655	4
51-75	870	5
76-125	1030	6
126-200	1220	7
201-400	1485	8
401-600	1750	9
601-800	2025	10
801-1000	2280	11
1001+	Add \$100 for each additional 100 employees.	

- Banks/Savings & Loans \$ 320 1\*
  - Restaurants 320 1\*
  - Local Municipalities 270 1\*
  - Non-Profit Organizations 270 1\*
  - Schools/School Districts 270 1\*
  - Retired Members 60
- (No business affiliation)

\*Additional representation in accordance with above schedule  
\*\*Representatives are those employees who will receive Chamber mailings and are listed in our directory.

(Two part-time employees = one full-time employee)

(Retired Member – Over 60 years of age and retired from business on a full-time basis)

Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate organization for area businesses. Dues may be subject to change without prior notice.

CHECK, VISA, MASTERCARD AND AMERICAN EXPRESS ACCEPTED

**OPTION A – Annual Dues Investment**

This is designed for members who wish to pay on a yearly basis. Initial one-year membership payment is due upon submission of application along with a \$35 New Member processing fee.

**OPTION B – Monthly Electronic Autodraft Dues Investment**

This is designed for members who wish to budget for their Chamber dues over the course of the year instead of making one lump payment. If you elect to participate, your dues payment is deducted each month from your account in equal installments throughout the year. This enables you to pay for your membership within a budget convenient to your business!

**How does the program work?**

Once you complete the appropriate form and pay the \$35 New Member processing fee, 30% of your annual membership dues are deducted from your account. From the second month forward, an amount equal to 1/12 of your annual Chamber dues and a transaction fee of \$1.50 is deducted from your account.

For example:  
If your dues are:  
\$270 (1-2 employees)

First Month (30%)

Your Total Cost \$81.50

Second Month onward

Your Total Cost \$24.00

**If you choose Option B**

- Pay the \$35 New Member processing fee.
- Attach a "voided" blank check to this application.

# Membership Application



*"The Voice of Business  
in Lower Bucks County"*

409 Hood Blvd., Fairless Hills, PA 19030  
215-943-7400 Fax: 215-943-7404  
E-mail: info@lbccc.org [www.lbccc.org](http://www.lbccc.org)

**Privacy Policy:**  
Individuals and/or companies that join the Lower Bucks County Chamber of Commerce have an expectation of basic publicity to other members concerning individual information supplied to the Chamber of Commerce including name, address, telephone and facsimile numbers, area of expertise and, if supplied, an individual's e-mail address. If an individual and/or company joining or thereafter as a member of the Chamber provides an e-mail address to the organization, it is understood that this information will be publicized in the Chamber directory and on the Chamber's Website, and, as a result of such publication, will be available to the broader public.

It is the decision of each member whether or not to supply such information. If a member supplies an e-mail address in full, it will be printed in the directory and on the Chamber's Website and available to non-Chamber members as indicated above. If a member does not wish to do so, said member can advise the Chamber at the time of entry into the organization, or any time in the future, should a member change his, her or its mind that they do not wish the e-mail address to be further publicized. The information would then be deleted from future directories or printed media. The e-mail address, if given, would be used internally by the staff for purposes such as notice of Chamber events, receipt of meeting minutes, etc.

**LOWER BUCKS COUNTY CHAMBER OF COMMERCE – MEMBERSHIP APPLICATION**  
Application & Option A or B must be filled out completely to process. Print clearly or type and attach a business card.

Name of Business or Organization _____	Type of Business/Category _____
Street _____	Phone Number _____
City, State, Zip _____	Fax Number _____
Web Site Address _____	Company E-Mail Address _____

Name and title of Principal Company Representative \_\_\_\_\_ (  Dr.  Mr.  Mrs.  Ms. )

Principal Company Representative E-mail Address \_\_\_\_\_

Your Membership Sponsor (Name of person who referred you to the Chamber) \_\_\_\_\_

List names, titles and e-mail addresses of additional company representatives per the investment structure. (Representatives are those employees who will receive Chamber mailings and are listed in our directory. Use additional sheet if necessary.)

Name	Title	Representative E-mail Address
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Name	Title	Representative E-mail Address
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Reason(s) for joining: \_\_\_\_\_  
(Examples: Networking, Professional Development, Legislative Action, Insurance, Discount Programs, etc.)

If you wish to offer a specific discount or special service to other Chamber members, please list here (10 words or less): \_\_\_\_\_

The above signed business or organization applies for membership in the Lower Bucks County Chamber of Commerce (LBCCC) and certifies that the information contained on this application is accurate and complete. The business or organization agrees to abide by the Bylaws and procedures of the Chamber and understands that membership is renewed annually on the anniversary date. The company understands that the business will hold membership and may change at will its designated representative.

In the event of a terminated membership, any use of the Chamber's name or reference to the Chamber will be discontinued. I also understand that any information on this application may be used for Chamber press releases and other communications. I have enclosed a check made payable to "LBCCC" or charged by credit card for the appropriate annual investment and understand that this investment is non-refundable.

Signature of Principal Representative \_\_\_\_\_ Date \_\_\_\_\_

**Option A - Annual Dues Investment (see reverse for yearly investment schedule.)**

# of Employees: \_\_\_\_\_ \$ \_\_\_\_\_ + \$35 New Member processing fee = Total Amount: \$ \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Name (print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Option B - Monthly Electronic Autodraft Dues Investment (see reverse for program info.)**

# of Employees: \_\_\_\_\_ Pay the \$35 New Member processing fee and attach a "voided" blank check to this application.

Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Authorized Name (print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_