



Middlesex County Regional Chamber of Commerce
 109 Church Street,
 New Brunswick, NJ 08901
 Tel: 732.745.8090 Fax: 732.745.8098
www.mcrcc.org www.gocentraljersey.com

Membership in the Chamber is a fair-share investment based on the size of your organization. It is payable in advance and must accompany an application. Refer to the fair share investment table to assist you in determining the level of your investment.

INVESTMENT IS PAYABLE IN ADVANCE AND MUST ACCOMPANY THE APPLICATION.

Your investment is tax deductible.

The applicable Internal Revenue Bureau Cumulative Bulletin:

No. 2, Page 105 reads: "Member fees or dues paid by individuals and corporations to a Chamber of Commerce are deductible from gross income as a business expense provided the membership is employed as a means of advancing the business interests of the individual corporation."

YEARLY MEMBERSHIP FAIR-SHARE INVESTMENT

| Number of Employees | Investment* |
|---------------------|-------------|
| 1-5..... | \$395* |
| 6-9..... | \$420* |
| 10-19..... | \$495* |
| 20-29..... | \$565* |
| 30-39..... | \$655* |
| 40-49..... | \$695* |
| 50-74..... | \$795* |
| 75-99..... | \$995* |
| 100-149..... | \$1,440* |
| 150-199..... | \$1,840* |
| 200-249..... | \$2,275* |
| 250-349..... | \$2,500* |
| 350-499..... | \$2,750* |
| 500-999..... | \$2,900* |

***Please include a one-time application fee of \$25.**

1,000 Employees & Over: Investment is \$5,200 plus \$3.00 per employee over 1,000.

Membership Application

Application is hereby made for annual membership in the Middlesex County Regional Chamber of Commerce beginning, _____ (year) to be renewed automatically unless written notice is given 30 days prior to anniversary date.

Please fill out this application form fully and print or type all information, as this will be used to create your listing in our Annual Membership Directory and on our Web site.
 ALL MAJOR CREDIT CARDS ACCEPTED.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business Category*: _____

(*Please select from category list available on back of form)

of Full-Time Employees: _____ Email: _____ Website: _____

Primary Member Contact: _____ Title: _____

Secondary Member Contact: _____ Title: _____

One sentence description of your company: _____

Credit Card Number: _____ Exp: _____ AMEX VISA MASTERCARD DISCOVER Check Enclosed

Name: _____ Referred by: Angie Galindo
 (as it appears on card)

Membership Calculator

Investment
 (Based on number of full-time employees)\$ _____

Processing Charge\$25.00

TOTAL \$ _____

Please make checks payable to:
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