



## MEMBERSHIP APPLICATION

Complete and mail with payment to P.O. Box 153, Orleans,  
MA 02653 or [email Lisa Simundson](mailto:lisasimundson@orleanschamber.com), Executive Director

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Categories help us define your area(s) of expertise. Please describe the main business services that you provide.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please select the top 3 reasons why you are joining the Orleans Chamber of Commerce:

Stay up to date with business related issues	To support community
Promoting my business	Helping to promote Orleans
Networking	Referrals
Impacting public policy	Business assistance

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

There are various levels of membership available. Please review the descriptions and make your selection.

Category	Description	Rate
<b>Sailor Membership Package</b>	For less than a cup of coffee a day, a Sailor Level Membership can increase your marketing opportunities in Orleans and Cape Cod. This entry level package is the starting point for many of our member businesses, who then go on to higher tiers and expanded benefits.	\$305 or \$26/mo.
<b>Officer Membership Package</b>	Take your business to the next level with an Officer Level Membership, offering more marketing opportunities and more exposure to potential customers.	\$500 or \$42/mo.
<b>Captain Membership Package</b>	Participants at the Captain Level Membership enjoy valuable discounts on advertising and sponsorships, along with access to more targeted advertising and publicity advantages.	\$1000 or \$84/mo.
<b>Commander Membership Package</b>	Expand your presence in advertising as well as the community with the Commander Level Membership, offering greater ad and sponsorship discounts as well as an array of services designed to give your company effective tools for growth.	\$2500 or \$209/mo.

<b>Admiral Membership Package</b>	Our highest tier offers the greatest benefits, including high visibility in the community and increased access to local and state leaders. At the Admiral Level Membership, you'll enjoy the greatest advertising and sponsorship discounts along with a recognized position as a community leader and champion of the Chamber.	\$5000 or \$417/mo.
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\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Printed Name – Authorized Representative

\_\_\_\_\_  
Company Name

**Membership Dues One-Time Payment**

**Payment Amount:** \$ \_\_\_\_\_

**Payment Method:**                      **Check #** \_\_\_\_\_                      **Credit Card**

Make all checks payable to **Orleans Chamber of Commerce** or enter credit card information below.

**Enter Credit Card Billing Address (including zip code)**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
                   Mastercard                      Visa                      American Express                      Discover

Account # \_\_\_\_\_ Name on card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_

**Enrollment for Monthly Direct Debit (ACH) Withdrawal of Orleans Chamber Membership Dues**

- I (we) agree to a monthly membership with the Chamber of Commerce at the membership level of \_\_\_\_\_ (monthly debit/ACH amount of \$ \_\_\_\_\_). For new memberships your membership will be activated upon the completion and return of the Enrollment for Direct Debit (ACH) form and your first month's payment must be paid in advance.
- My (our) membership will remain on a monthly ACH and will be in full force and in effect until the Orleans Chamber of Commerce has received a 30-day written notification from me (us) of its termination to afford the Orleans Chamber of Commerce and my (our) financial institution a reasonable opportunity to act on it.
- I (we) hereby authorize the Orleans Chamber of Commerce to initiate withdrawal on or about the 15th day of each month and to initiate, if necessary, credit entries and adjustments for any debit entry error to my (our) account indicated below and the financial institution named below to credit and/or debit the same to such account.
- If membership renewal is in arrears, member will need to catch up the number of months in arrears so that monthly ACH payments are timely and in tune with the regular renewal date. Payment for membership dues in arrears must be made at the time of application for ACH – Direct Debit and may be paid by check or credit card. Amount in arrears: \_\_\_\_\_.
- If my (our) account has insufficient funds at the time of the debit or the payment does not process for any other reason, a fee of \$25.00 will be assessed to my (our) membership dues.
- After the second insufficient debit, my (our) remaining membership dues will be due in full to continue my (our) membership with the Orleans Chamber of Commerce, or my (our) membership will be automatically cancelled, with no refunds of any dues previously paid.
- I (we) agree to all of the above requirements to enroll in the Direct Debit Program of the Orleans Chamber of Commerce. Please provide a copy of a voided check to verify your banking information.

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Printed Name – Authorized Representative

\_\_\_\_\_  
Company Name

**Billing Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**BANK WITHDRAWAL (cont'd)**

Important! Check Type of Account:           Checking       Savings  
Financial Institution Name & Address: \_\_\_\_\_  
Financial Institution Phone Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**CREDIT CARD WITHDRAWAL**

          Mastercard                Visa                American Express                Discover  
Account # \_\_\_\_\_ Name on card: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Security code: \_\_\_\_\_ Billing Address & Zip: \_\_\_\_\_  
Authorized – Orleans Chamber Name & Date: \_\_\_\_\_