



PIKE COUNTY CHAMBER OF COMMERCE

at the Milford Community House
201 Broad Street – Suite # 2 • Milford, PA 18337
Phone (570) 296-8700
info@PikeChamber.com • PikeChamber.com

Business Name: _____

Designated Representative: _____ Owner(s) Name: _____

Mailing Address: _____ Physical Address: _____

Brief Business Description: _____

Phone: (____) _____ Fax: (____) _____ # of Employees: _____

E-mail: _____ Website: _____

Please contact the office about joining:

- Chamber *Choice* – Health, Dental, Vision & Other Insurance Options & HR Resources
- A Chamber Committee

Your signature is your agreement for membership in the Pike County Chamber of Commerce.

Signature: _____ Date: _____

Who may we thank for referring you? _____

Membership Fees:

Please mail this form with your check made out to:

Pike County Chamber of Commerce or complete the credit card information below.

* For businesses with more than one area office, dues are based on total number of employees in all locations.

- General Business:**
 - \$195.00 - Self Employed & 1 to 5 employees
 - \$210.00 - 6 to 10 employees
 - \$350.00 - 11 to 20 employees
 - \$460.00 - 21 to 30 employees
 - \$480.00 - 31 + employees
- Associate Member:** (Pre-Approved by Board)
- Non-Employee Business:** Solo-Operation
\$99.00 (*Consultant, Product/Service Related, can be supported by outside contractors but no employees, Sole Proprietorship, Home-Based Only*)
- Professional:** Architects, Attorney, CPA's, Dentists, Engineers, Realtors, etc.
 - \$195.00 - Individual Practice
 - \$195.00 - Agency/Firm/Group Practice
- Banks:** \$500.00
- Health Care:** \$480.00 (Hospitals, Nursing Homes, Convalescent Homes)
- Utilities:** \$450.00 Less than 20 employees
\$915.00 20 or more employees
- Non-profit:** \$ 50.00 (Government, 501(c)3, 501(c)9 non-profits, Charitable)

Credit Card Authorization Section:

Cardholder's Name: _____

Credit Card Billing Address: _____

I authorize Pike County Chamber of Commerce to charge my credit card: _____ Visa _____ M/C _____ Discover

Credit Card #: _____ - _____ - _____ - _____ Exp. Date: _____ Sec. Code: _____

In the amount of USD \$_____ I have been advised of all fees associated with membership and am aware that I have full responsibility for the above mentioned charges.

Signature: _____ Date: _____

~ Thank You for joining the Pike County Chamber of Commerce! ~