



Membership Application

Membership Dues

The minimum investment is \$275 per year and includes 5 employees. Additional employees are \$5 each; up to 100 employees. This investment structure represents a fair share formula. Membership comes up for renewal on the 12-month anniversary date of membership inception.

Example:

1- 5 employees = \$275.00	30 employees = \$400.00
6 employees = \$280.00	50 employees = \$500.00
10 employees = \$300.00	100+ employees = \$750.00
20 employees = \$350.00	

Dues to the Chamber are not deductible as a charitable contribution for income tax purposes; but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Chamber engages in state and federal lobbying.

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Chief Contact Person: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Type of Business: _____ Referred by: _____

Number of Employees: _____ Dues Amount: \$ _____

Payment Type: Cash Check Credit Card
 Pay in Full Now Set-up a Payment Plan (Contact the Chamber.)

Check One: VISA Master Card # _____
Expiration date and 3 digit security code

Signature _____ Date _____

Return application to: East Providence Area Chamber of Commerce
1005 Waterman Avenue East Providence, RI 02914
Phone: 401.438.1212 Fax: 401.435.4581
www.eastprovchamber.com office@eastprovchamber.com

Optional: Add More Value to Your Membership. Offer a Member2Member Discount.



Member2Member Discount Program

Promote your business to fellow Chamber members. You can stay in the program for as long as you want. You may also change your offer as needed. The Member2Member Discount Program adds more value to a chamber membership and gives your company more visibility among EPACC members.

Date: _____

Company Name: _____

Discount Offered: _____

Contact Person: _____

Address: _____

Web site: _____

email: _____

Phone #: _____

Date of expiration (if any) _____

Return form to:
East Providence Area Chamber of Commerce
1005 Waterman Avenue East Providence, RI 02914
401-435-4581 fax