



5503 Muddy Creek Road
410-867-3129

Churchton, MD 20733
chamber@southcounty.org

2020 MEMBERSHIP APPLICATION:

Directory Information: *(To be used in the 2020 Directory and Website Directory)*
 (PLEASE PRINT) Membership Mo/Year: ____/____

Business Name or Organization:			
Business Owner(s):			
Address (Physical Location, published):			
Business Phone:		Fax:	
E-mail: _____			
Website Link Address:			
Category Listing for Business Directory:		1) _____	(free)
<i>(First Category Listing is Free, Additional Category Listings are \$55 each)</i>		2) _____	
		3) _____	
Additional Information: (Chamber Office use only)			
Mailing Address (If Different):			
Additional Contact Name:			Alternate Phone Number:
Description of Business or Services:	<i>To gain additional exposure, consider using keywords as categories to enhance your listing in the directory online:</i>		

How Did You Hear About Us: <input type="checkbox"/> Directory <input type="checkbox"/> Web <input type="checkbox"/> Facebook <input type="checkbox"/> Other <input type="checkbox"/> Member _____			
Number of Employees		Date/Year Business Established	
		<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal Member
<input type="checkbox"/> LinkedIn	Twitter@ _____		Facebook: _____

Please Note: Membership Rates are Subject to Change, please contact the Chamber before Submitting your Membership Application. Memberships are accepted at year-round!

Check ONE of the following Annual Membership options:

- *\$80.00 – Associate Member/Individual (Individuals not associated with a business)
**Associate Members are entitled to all of the SAACC membership benefits but are not eligible to vote or serve on the Board.*
- \$100.00 – Non-Profit (501 (c)3 - Organizations with 1 Voting Representative)
- \$225.00 – Basic Chamber Member Package
- \$300.00 – Membership Plus Online Package
- \$375.00 – Basic Networking Package
- \$500.00 – Prime Networking Package
- \$1,500.00 – Elite Networking Package

Company Representatives Names (Will be added to email communication regarding Events)	
Name:	<input type="checkbox"/> General Membership <input type="checkbox"/> Young Professional <input type="checkbox"/> SoCo Women's Group
Email:	<input type="checkbox"/> Legislative Committee <input type="checkbox"/> Event Committee <input type="checkbox"/> Membership Ambassador
Name:	<input type="checkbox"/> General Membership <input type="checkbox"/> Young Professional <input type="checkbox"/> SoCo Women's Group
Email:	<input type="checkbox"/> Legislative Committee <input type="checkbox"/> Event Committee <input type="checkbox"/> Membership Ambassador
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Name:	<input type="checkbox"/> General Membership <input type="checkbox"/> Young Professional <input type="checkbox"/> SoCo Women's Group
Email:	<input type="checkbox"/> Legislative Committee <input type="checkbox"/> Event Committee <input type="checkbox"/> Membership Ambassador

The directory will not be mailed to all zip codes but will be distributed in the Southern Anne Arundel Community as well as through chamber and public events. Every member will receive 10 copies of the directory.

Request Additional Copies of the Directory to use in the office to distribute to customers or use at events: 10 25 50 100 250 500

Membership Option (from page 1)	\$
Additional Category Listings \$55 x _____	\$
Total paid with this application	\$

Check Type of Payment: Check Visa MasterCard Discover American Express

Name on Card: _____ Expiration Date: _____

Card Number: _____ CSV Code _____

Billing Address _____

Cardholder Signature _____

Applicant's Signature

Date

Membership Dues may be Deductible as Ordinary and Necessary Business Expenses. Not Tax Deductible as Charitable Contributions for Federal Income Tax Purposes.

Mail Your Application with Full Payment to:
SAACC, ATTN: Membership, 5503 Muddy Creek Road, Churchton, MD 20733
Email: Chamber@SouthCounty.org

- For Office Use Only:**
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Quickbooks | <input type="checkbox"/> Assign Ambassador | <input type="checkbox"/> Welcome Letter | <input type="checkbox"/> Constant Contact |
| <input type="checkbox"/> Facebook Welcome | <input type="checkbox"/> Company Spotlight | <input type="checkbox"/> Website Listings | <input type="checkbox"/> Directory Listings |

DATE APPLICATION RECEIVED: _____
Paid Check /Credit Card: _____
Amount: _____ Date: _____