

Date \_\_\_\_\_

# Wheaton & Kensington Chamber of Commerce

the voice for YOUR business!

301-949-0080

Annual dues are based on the number of employees in your company or your organization. Full-time employees (36-40 hours per week) are counted as one employee each. Every two part-time employees (10-35 hours per week) count as one employee each. Employees who work less than 10 hours perweek are not included in dues assessment.

The dues structure is:

1-10: \$195                      11-20: \$250                      21-99: \$500  
100+: \$1,000

Number of Employees

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Amount Billed

Balance Due

Amount Enclosed

## Member Listing

Directory Heading \_\_\_\_\_

Mr/Ms/Mrs \_\_\_\_\_

Title \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Principal Activity \_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

Email \_\_\_\_\_

Web Site \_\_\_\_\_

Date/Year Founded \_\_\_\_\_

As a member of the Chamber of Commerce, your listing will be included in the annual Community Guide and Membership Directory as well as on the Chamber's website. The Chamber is providing links from its website, www.wkchamber.org, free of charge to our members.

My preferred way of receiving information:

- Mail     Fax  
 Email    Phone

I hereby state that the information on this form is accurate, and that my organization or business is reputable and is in compliance with applicable state laws and regulations.

We periodically sell our list of members to: members (\$50) or to: non-members (\$150).

Check here if you do not want to have your name and address on the mailing list that is for sale.

### Billing Address (If different from above)

Mr/Ms/Mrs \_\_\_\_\_

Title \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

Email \_\_\_\_\_

Payment by:  Check    Total Amount \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Payment by:  Visa     MasterCard     AmericanExpress

Expiration Date: \_\_\_\_\_    Sec Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

### Return Form & Payment to:

Wheaton & Kensington Chamber of Commerce  
2401 Blueridge Ave, Suite 101  
Wheaton, MD 20902

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wkchamber@wkchamber.org