

Membership Application

Rio Rancho Regional Chamber of Commerce

Attn: Member Services

4001 Southern Blvd SE | Suite B | Rio Rancho, NM 87124-2069
Phone: 505.892.1533 | Fax: 505.892.6157 www.rrcc.org



Office Use Only

Membership #: _____ Parent Company ID# _____

App. Date: _____ Dues Calculation: _____

Please attach a copy of your business license to the application.

Organization Name: _____

Main Telephone: _____ Fax: _____

Organizational E-mail Address: (example: info@mycompany.com) _____
(will be used on the Chamber web site, address will not be exposed; Yahoo/AOL members may not receive information due to SPAM blockers)

Web Address: _____

Number of permanent Full-time employees: _____ Part-time: _____

Facebook: _____ Twitter: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Billing Address: (if different than street address) _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Primary Member: Mr. Ms. Dr. Mrs.

First Name: _____ Last Name: _____

Cell Phone: _____ Contact E-mail Address: _____
(will be used by the Chamber to communicate with you)

Title: _____

Business Category - Primary: _____ Secondary: _____

Annual Dues: \$ _____
Admin. Fee: (first year only) \$ 50.00
Per Employee Fee: \$ _____
Government Affairs * \$ _____
TOTAL: \$ _____

Check # _____ Cash
 Visa MC Discover AMEX

Company Info

_____ Home Based
_____ Field or office based
_____ Sole Proprietor
_____ Woman Owned
_____ Minority Owned
_____ Family Owned
_____ Year Founded
_____ Franchise
_____ HQ New Mexico based or national

Member Info

_____ Gender
_____ Ethnicity
_____ Ambassador interest
_____ Leadership Graduate Class year

Annual Revenue \$1,000,001 - \$2,000,000
 Less than \$100,000 \$2,000,001 - \$5,000,000
 \$100,001 - \$250,000 \$5,000,001 - \$10,000,000
 \$250,001 - \$500,000 \$10,000,001 - \$20,000,000
 \$750,001 - \$1,000,000 \$20,000,000+

Credit Card #: _____ Exp Date: _____

Applicant Signature: _____ Chamber Representative(s): _____

I agree to pay the total amount according to the card issuer agreement. (By signing, you are stating that you have read and agree to the terms & conditions)
Thank you for your support and interest in the Rio Rancho Regional Chamber of Commerce. **Please print a copy of the application for your tax records.**
* Government Affairs contribution is voluntary and may not be declared as a business expense.

Terms & Conditions

- Memberships are held in the name of the business/firm.
- One person (primary member) represents the firm and is entitled to one vote and other contacts may enjoy discounted rates on certain programs, receives all mailings and may participate on committees.
- The annual dues paid by each member include a subscription to the Chamber's bi-monthly newsletter *Communique*.
- All memberships shall be continuous unless cancelled (A) in writing by the member, (B) by the Chamber for non-payment of dues, or (C) for non-compliance with Chamber policies.
- Membership dues investment is non-refundable.
- Membership in the Rio Rancho Regional Chamber of Commerce may be revoked according to the terms set forth in its bylaws.
- The Chamber may send communications to the organizational e-mail, personal e-mail and fax number provided to keep you updated on urgent business issues, recent referrals and referral summaries, Chamber events and Chamber programs.
- By providing e-mail addresses and a fax number, you are stating you are authorized to and hereby consent for the company/organization to receive faxes and/or e-mails sent by or on behalf of the Rio Rancho Regional Chamber of Commerce.
- If a member's dues shall become delinquent for a period of thirty (30) days, the delinquent member may no longer be in good standing and shall forfeit the right to vote and a notice of delinquency shall be given to the delinquent member. If delinquent dues are not brought current within ten (10) days after a notice of delinquency, membership may be terminated by designated Chamber administrative staff and approval of Board of Directors
- Any member wishing to indicate on his/her business web site that he/she is a member of the Chamber shall do so only with the consent of the Chamber and in a form approved by the Chamber.
- Dues are for a period of one year from date of inception.
- Employee counts are reviewed annually and dues are adjusted up or down based on employee count at time of renewal.
- Must submit a current business license.
- To receive non-profit (501 c3 or 501c6) rate, proof of IRS non-profit status must be submitted.

*Your optional Governmental Relations contribution is NOT tax deductible as an ordinary business expense.

Annual Investment Schedule

| Employees | Investment |
|-------------------------|---|
| 1 -5 | \$235.00 |
| 6 -10 | \$275.00 |
| 11-20 | \$352.00 |
| 21-30 | \$391.00 |
| 31-40 | \$431.00 |
| 41-50 | \$509.00 |
| 51-100 | \$665.00 |
| 101-150 | \$860.00 |
| 151-200 | \$1,031.00 |
| 200 and above | \$1,031 plus \$2.75 per employee |
| Financial/Health Care | \$700.00/per branch or physical facility |
| Non-Profit Organization | \$200 (must be & show proof of 501c3 or 501c6) |
| Hospitals/Nursing Homes | \$8.75/per bed |
| Hotels/Motels | \$6.50 /per room |
| Professional | \$235.00 (first two professionals) includes CPA's, Physicians, Attorneys, Architects, Engineers, Insurance Agents, Financial Planners, Consultants, Realtors (\$150.00 for each additional agent) |

Application Additional Company Contacts
to receive email communications from the Chamber



Prefix: Mr. Ms. Mrs. Dr.
Name: _____
Title: _____
Phone/ext: _____
Email: _____

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Name: _____
Title: _____
Phone/ext: _____
Email: _____

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Benefits Interest

- _____ Request for Ribbon Cutting
- _____ Ambassador program interest
- _____ Office Volunteer interest
- _____ Office Depot discount program
- _____ Define Fitness discount program
- _____ Company Insurance program
- _____ Chamber Website Enhancement
- _____ Business Article in Communique

For Office Use Only

Received date _____
Entered date _____
New member package mailed _____
New member package delivered _____

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