



Kennebunk - Kennebunkport Chamber of Commerce Membership Application

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MEMBER INFORMATION

Business Name: _____

Physical Address: _____

City, State: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____

E-Mail: _____

Website: _____

Primary Contact: _____

Title: _____

E-Mail: _____

Direct Phone: _____ FAX: _____

I submit my application for full Chamber membership with all rights, privileges and benefits. I attest the above information is correct, and by signing this document, I understand that Chamber membership is continuous year to year, until I submit a written resignation. Membership renewal dates are twelve months from the month the member joins.

MEMBERSHIP INVESTMENT SCHEDULE

<u>TYPE OF BUSINESS</u>	<u>RATES</u>
<input type="checkbox"/> Base Business:	\$250 Plus \$2/Emp over 5
<input type="checkbox"/> B&B/Inns/Cottages:	\$350 Plus \$9/Rm
<input type="checkbox"/> House Rentals:	\$300
<input type="checkbox"/> Motel /Hotel:	\$350 Plus \$9/Rm
<input type="checkbox"/> Accom & Restaurant:	\$350 Plus \$9/Rm & \$2/Seat
<input type="checkbox"/> Restaurants	\$275 Plus \$2/Seat
<input type="checkbox"/> Financial Institutions	\$750
<input type="checkbox"/> Professional Bus	\$275 Plus \$35/Prof
<input type="checkbox"/> Industry	\$250 Plus \$3/Emp 1-50, \$1/51+
<input type="checkbox"/> Marinas	\$250 Plus \$1.50/Slip
<input type="checkbox"/> Media	\$375
<input type="checkbox"/> Campgrounds:	\$275 Plus \$1/Site
<input type="checkbox"/> Friend of the Chamber:	\$100 (Limited Benefits)
<input type="checkbox"/> Second Business:	\$125 Excludes Accommodations and Restaurants
<input type="checkbox"/> Non-Profits:	\$125
<input type="checkbox"/> Enhanced Website Listing:	\$150/year -1 Image or \$250/year - 3 Images

BASE: \$250 + ___ Emp over 5 @ \$2 ___ = \$ ___

INDUSTRY: \$250 + ___ Emp 1-50 @ \$3 ___ +
 ___ Emp 51+ @ \$1 ___ = \$ ___

PROFESSIONAL: \$275 + ___ Prof @ \$35 ___ = \$ ___

ACCOMODATION: \$350 + ___ Rms @ \$9 ___ = \$ ___

RESAURANT: \$275 + ___ Seats @ \$2 ___ = \$ ___

ACCOM/RESTAURANT: \$350 + ___ Rms @ \$9 ___ +
 ___ Seats @ \$2 ___ = \$ ___

CAMPGROUND: \$275 + ___ Sites @ \$1 ___ = \$ ___

MARINA: \$250 + ___ Slips @ \$1.50 ___ = \$ ___

OTHERS TYPES LISTED: _____ = \$ ___

AGREEMENT INFORMATION

Date of Application: _____

Membership Effective Date: _____

Member Signature: _____

PLEASE NOTE: Dues are assessed once a year and you are agreeing to pay a non-refundable Annual Dues. Should you elect to use either the Quarterly or Monthly Dues Paying Options, be aware, that should you terminate membership prior to the end of your dues year, a final credit card payment will be made to your card of record for the balance of your annual dues and any outstanding invoices not yet paid. This will be made on the 1st day of the month following your termination of membership.

PLEASE INITIAL YOUR ACKNOWLEDGEMENT : _____

Membership Business / Organization Categories

Please circle a maximum of Two Categories from the list below.

Accommodations	Fitness/Wellness	Photography
Accountants	Florist/Landscaping/Horticulturist	Printing/Graphics
Advertising, Marketing and Public Relations	Fuel/Oil/Energy Services	Property Mgmt / Caretaking
Antiques	Funeral Homes	Real Estate
Art / Art Galleries	Furniture, Antiques and Interior Decorating	Real Estate Appraisers
Attractions	Gift Shops	Recreational Activities
Automotive	Golf Course	Rental
Bakery	Guides/Tours	Restaurants
Banks and Financial Services	Hair Care/Beauty/Spa Services	Retail, Gift Shops
Boat Cruises	Health Care/Pharmacies	Retirement/Assisted Living
Boats/Marine Services	Insurance	Schools
Bookstores	Jewelers	Secretarial Services
Caretaking Services	Legal Services	Services
Catering/Prepared Foods	Libraries	Spas
Churches	Lobster and Select Seafood	Specialty Foods Category
Civic Members	Markets	Storage
Clothing Shops	Museums	Theatre
Computer/Internet Services	Newspapers/Radio/TV	Tourism Information
Consignment Shops / Resale	Non-profit Organizations	Transportation
Construction and Home Improvement	Pet/Pet Boarding	Travel Agency
Event Planning		Veterinary Services

WE OFFER 3 PAYMENT CHOICES

1. Check or Credit Card ~ Total Payment Due with Application

2. Quarterly Payment Option:

Total Dues (From Page 1)	\$ _____
Total Dues Divided by 4	\$ _____
Upfront Annual Administrative Fee - 10% of Total Dues	\$ _____
Max of \$50	\$ _____

Quarterly Payment Option:

Submit your Credit Card information which will be automatically credited on October 1st, January 2nd, April 1st & July 1st for one quarter of your annual dues

NOTE: Your Initial First Quarter Payment and Upfront Administrative Fee are due with your Application

Quarterly Dues \$ _____ Plus Upfront Admin Fee \$ _____ = \$ _____

3. Monthly Payment Option:

Total Dues (From Page 1)	\$ _____
Total Dues Divided by 12	\$ _____
Upfront Annual Administrative Fee - 15% of Total Dues	\$ _____
Max of \$50	\$ _____

Monthly Payment Option:

Submit your Credit Card information which will be automatically credited on the first day of each month for 1/12th your annual dues.

NOTE: Your Initial First Month's Payment and Upfront Administrative Fee are due with your Application

Monthly Dues \$ _____ Plus Upfront Admin Fee \$ _____ = \$ _____

CREDIT CARD INFORMATION:

CHECK : Please make your check payable to KKCC

CHECK CREDIT CARD: ___ M/C ___ VISA

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Card Billing Address: _____

City/Town _____ ST _____ Zip _____

Approval Signature: _____