



Middlesex County Regional Chamber of Commerce  
 109 Church Street,  
 New Brunswick, NJ 08901  
 Tel: 732.745.8090 Fax: 732.745.8098  
[www.mcrcc.org](http://www.mcrcc.org)

Membership in the Chamber is a fair-share investment based on the size of your organization. It is payable in advance and must accompany an application. Refer to the fair share investment table to assist you in determining the level of your investment.

**INVESTMENT IS PAYABLE IN ADVANCE AND MUST ACCOMPANY THE APPLICATION.**

Your investment is tax deductible.

The applicable Internal Revenue Bureau Cumulative Bulletin:

No. 2, Page 105 reads: "Member fees or dues paid by individuals and corporations to a Chamber of Commerce are deductible from gross income as a business expense provided the membership is employed as a means of advancing the business interests of the individual corporation."

**YEARLY MEMBERSHIP FAIR-SHARE INVESTMENT**

Number of Employees	Investment*
1-5.....	\$395*
6-9.....	\$420*
10-19.....	\$495*
20-29.....	\$565*
30-39.....	\$655*
40-49.....	\$695*
50-74.....	\$795*
75-99.....	\$995*
100-149.....	\$1,440*
150-199.....	\$1,840*
200-249.....	\$2,275*
250-349.....	\$2,500*
350-499.....	\$2,750*
500-999.....	\$2,900*

**\*Please include a one-time application fee of \$25.**

1,000 Employees & Over: Investment is \$5,200 plus \$3.00 per employee over 1,000.

**Membership Application**

Application is hereby made for annual membership in the Middlesex County Regional Chamber of Commerce beginning, \_\_\_\_\_ (year) to be renewed automatically unless written notice is given 30 days prior to anniversary date.

Please fill out this application form fully and print or type all information, as this will be used to create your listing in our Annual Membership Directory and on our Web site.  
 ALL MAJOR CREDIT CARDS ACCEPTED.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Category\*: \_\_\_\_\_

(\*Please select from category list available online at [www.mcrcc.org](http://www.mcrcc.org).)

# of Full-Time Employees: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Member Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Member Contact: \_\_\_\_\_ Title: \_\_\_\_\_

One sentence description of your company: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  AMEX  VISA  MASTERCARD  DISCOVER  Check Enclosed

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 (as it appears on card)

**Membership Calculator**

Investment  
 (Based on number of full-time employees) .....\$ \_\_\_\_\_

Application Fee .....\$25.00

TOTAL \$ \_\_\_\_\_

Please make checks payable to:  
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