



**Middlesex County Regional
Chamber of Commerce
Convention & Visitors Bureau**

Middlesex County Regional Chamber of Commerce
109 Church Street,
New Brunswick, NJ 08901
Tel: 732.745.8090 Fax: 732.745.8098
www.mcrcc.org www.gocentraljersey.com

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

<u>Number of Employees</u>	<u>Investment*</u>
Home based.....	\$325*
Restaurant.....	\$395*
1-5.....	\$395*
6-10.....	\$540*
11-25.....	\$615*
26-50.....	\$865*
50-100.....	\$1,100*
101-250.....	\$1,900*
251-500.....	\$2,500*
501-1000.....	\$3,500*
1001-2000.....	\$5,000*
2001-3000.....	\$7,500*
3000+.....	\$10,000*

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.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

of Full-Time Employees: _____ Business Category*: _____

Website: _____

Primary Member Contact: _____ Title: _____

Email: _____ Phone: _____

Secondary Member Contact: _____ Title: _____

Email: _____ Phone: _____

One sentence description of your company: _____

Credit Card #: _____ Exp: _____ CVV: _____ AMEX VISA MC DISCOVER

Billing Info (Name/Address if different from above): _____

Referred by: _____

*Investment (Based on number of full-time employees)TOTAL: \$ _____

Please make checks payable to: "Middlesex County Regional Chamber of Commerce"
By joining the MCRCC, you authorize MCRCC to contact you and your employees via US Mail, fax, telephone and e-mail

Please add 3% for credit card payments