

**FRANKLIN TOWNSHIP  
CHAMBER OF  
COMMERCE**



since 1960

**FRANKLIN TOWNSHIP CHAMBER OF COMMERCE**

at PNC Bank  
675 Franklin Blvd., Somerset, NJ 08873  
(P) 732.545.7044 (F) 732.545.1060  
[www.franklinchamber.com](http://www.franklinchamber.com)

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
Email address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Type of Industry/Business: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_

**Please provide a brief description of your business to be added on our website**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Keywords/phrases identifying your business for web search (limit 10)**

**Why are you joining Franklin Township Chamber of Commerce?** \_\_\_\_\_

**Committees/Groups You Would Consider Joining:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Membership              | <input type="checkbox"/> Communications & Marketing | <input type="checkbox"/> Events & Programming         |
| <input type="checkbox"/> Finance                 | <input type="checkbox"/> By-Laws/Governance/Admin   | <input type="checkbox"/> Public Relations & Diversity |
| <input type="checkbox"/> Education & Development | <input type="checkbox"/> Economic Development       | <input type="checkbox"/> Strategic Partnerships       |

*The membership fee structure below is based upon the total number of full-time employees. This industry standard formula has been developed to ensure that all member dues are proportional to the respective size of each business or organization.*

**MEMBERSHIP DUES STRUCTURE**

*(Please select the one which applies to your company)*

Student	Non-Profit	0 – 10 Employees	11 - 49 Employees	50 – 199 Employees	200 – 599 Employees	600 + Employees
\$25.00	\$179.00	\$199.00	\$300.00	\$500.00	\$750.00	\$1250.00

**METHOD OF PAYMENT**

- Check  Invoice  American Express  MasterCard  Visa

Name on Card: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV/CID # \_\_\_\_\_  
Membership Dues Investment: \$ \_\_\_\_\_ Referred by: \_\_\_\_\_

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

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

Upon receipt of your application and dues, a member of the Membership Development Committee will contact you.

Don't hesitate to contact us at 732-545-7044 or [director@franklinchamber.com](mailto:director@franklinchamber.com)