



## Accelerator Membership Application

### A. Company Information

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Company Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(As it will appear in the membership directory and on the web)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web Site \_\_\_\_\_

(If different from above)

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### B. Staff Information

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Primary Contact/Title \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

President/CEO \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

HR Manager \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

Sales/Marketing \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

PR Officer/Spokesmen \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

If there are any other representatives within your company to receive Chamber updates and event invites:

Name/Title \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

Name/Title \_\_\_\_\_ Email \_\_\_\_\_ Ph. \_\_\_\_\_

### C. Additional Company Information

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Company Classification: (Revenue and Budget information will not be released in any capacity)

Business

Number of employees \_\_\_\_\_ Annual Revenue \_\_\_\_\_ Dues amount \_\_\_\_\_

Charitable Organizations 501(c) 3

Number of employees \_\_\_\_\_ Annual Revenue \_\_\_\_\_ Dues amount \_\_\_\_\_

Trade Associations 501(c) 6

Number of employees \_\_\_\_\_ Annual Revenue \_\_\_\_\_ Dues amount \_\_\_\_\_

**D. Annual Membership Accelerator Fee Schedule**

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Membership Investments in the Chamber are fully tax-deductible as an ordinary and necessary business expense. Please review the following classifications to determine which Investment Schedule to follow. For Schedule 1 use the number of full-time employees plus part-time employees (two part-time employees equals one full-time employee) = total number of employees.

**SCHEDULE 1**

Retailers, wholesalers, distributors, restaurants, grocers, amusements, transportation, tax, insurance, computer, communications, real estate, developers, and other services including manufacturing and industrial services.

<b><u>Employees</u></b>	<b><u>Investment</u></b>
1-5	\$300
6-10	\$520
11-20	\$585
21-30	\$640
31-50	\$695
51-100	\$1150
101-199	\$1215
200+	\$1735

**SCHEDULE 2**

Attorneys, Accountants, Doctors (MD, DO, DVM, PA, etc.) Dentists, Engineers, Architects, Consultants, Investment Brokers and other professional services.

<b><u>Professionals</u></b>	<b><u>Investment</u></b>
1-10	\$975
10-20	\$1330
20-40	\$1540
40-75	\$1750

**SCHEDULE 3**

Hotels, motels, apartments, hospitals, nursing homes, rest homes and retirement homes

**Investment \$18 per unit**

(\$875 minimum, \$2230 maximum)

The SCC is a non-profit, mutual benefit organization.

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[www.southeasternchamber.org](http://www.southeasternchamber.org)

P.O. BOX 63091 • N. Charleston, SC 29419 • Phone: 843.556.2863 • Fax: 843.556.2863 (Dual Mode)

**SCHEDULE 4**

Banks, savings and loans, credit unions and mortgage companies

<u>Yearly Deposits</u>	<u>Investment</u>
Up to \$5 million	\$1200
\$5-10 million	\$1660
\$10-25 million	\$1825
\$25 million +	\$2990

**SCHEDULE 5**

Non-profit organizations (not to exceed two employees), individuals (retired executives or individuals without a business affiliation)

Investment \$425

**SCHEDULE 6**

Utilities (electric, gas, telephone, cable systems)

Investment \$1605

**SCHEDULE 7**

College, University, Vocational Institution

Investment \$1330

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**E. Describing Your Business**

Tell us which of the following industries best describe your business: (Select One)

<input type="checkbox"/> Accounting (CPAs, Ledger Consultant, Fiscal Accountants)	<input type="checkbox"/> Law Firm (Paralegal, Tax, Legal Advisers)
<input type="checkbox"/> Business Services (Consulting, Printing, Business Compliance)	<input type="checkbox"/> Manufacturing/Distribution (Chemicals, Paper Products, Services, Food Products, Machinery)
<input type="checkbox"/> Caterers (Culinary Arts, Food Service Management, Dietitians)	<input type="checkbox"/> Marketing/Media (Advertising, PR, Consulting, TV, Radio, Newspapers, Publishing)
<input type="checkbox"/> Construction (Architecture, Engineering, Management, Planning, Development, General Contractors)	<input type="checkbox"/> Nonprofits (Associations, Foundations, Charitable Organizations)
<input type="checkbox"/> Education (Schools, Colleges, Universities, Adult Learning)	<input type="checkbox"/> Real Estate (Sales, Brokerage, Rentals, Agents, Commercial, Resident, Developers)
<input type="checkbox"/> Entertainment/Intercultural (Theaters, Music, Sports, Museums, Sightseeing)	<input type="checkbox"/> Retail (Consumer Products, Consumer Services, Automobiles)
<input type="checkbox"/> Employment Services (Benefits, Consulting, HR, Recruiting, Staffing Agencies, Training/Sales)	<input type="checkbox"/> Restaurants/Clubs (Restaurants, Lounges, Bars, Cafes, Bistros, Taverns)
<input type="checkbox"/> Financial Services (Banks, Credit Unions, Consulting, Venture Capital, Private Equity, Financial Planners, Investors)	<input type="checkbox"/> Technology (Wireless, Telecom, Consultants, Sales, Services, Electronics, Cable, Satellite)
<input type="checkbox"/> Government (Federal, State, Local) Healthcare (Hospitals, Pharmaceutical, Physicians, Dentists, Hospice Services, Nursing Homes, Labs)	<input type="checkbox"/> Travel/Transportation (Airports, Airlines, Trains, Buses, Taxis, Limousine Service)
<input type="checkbox"/> Hospitality (Hotels, Motels, Resorts, Bed and Breakfast)	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance (Life, Auto, Medical, Dental, Homeowners, Business)	<input type="checkbox"/> Other _____

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Company Description \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the Southeastern Chamber of Commerce?

- Newspaper/Magazine       Mail       Website/Email  
 Radio/TV       Chamber Member       Other

Check one major expectation that you have of the Chamber.

- Government Contract Opportunities       Member Discounts  
 Advocacy       Business Education  
 Networking       Marketing Assistance  
 Visibility       Other \_\_\_\_\_

**F. Method of Payment/Disclosures**

Credit Card Type _____	Credit Card# _____	CVV _____
Expiration ____/____/____	Cardholders Name _____	Billing Zip _____
Authorization Signature _____	Date _____	

Donation \$ \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_ Investment Dues Amt. \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

*(Make checks payable to SCC.) (Chamber does not currently accept AMEX.)*

I submit this application for membership to the Southeastern Chamber of Commerce with all rights, privilege and benefits thereto. Membership to the Southeastern Chamber of Commerce is annual and is automatically renewed unless written cancellation is provided to the Chamber at least 60 days prior to the renewal date. Renewal dates are 12 months from the date I join the Chamber.

In joining the Southeastern Chamber of Commerce, I, \_\_\_\_\_, acknowledge that the Chamber may take positions on legislation or policy that are contrary to my personal opinions or business practices. As a membership organization the Chamber's positions will always reflect the general interest of the membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

Member Services: P.O. Box 63091, North Charleston, SC 29419  
 Phone: 843.566.2863 ~ Fax: 843.556.2863  
 Web: [www.southeasternchamber.org](http://www.southeasternchamber.org)

For questions or more information, please contact:

Director of Membership Services  
 Phone: 843.566.2863  
 Email: [contact@southeasternchamber.org](mailto:contact@southeasternchamber.org)

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