

*The Space Coast's Leading Chamber for Business Advocacy and Community Development.  
Please contact us at (321) 724-5400 or Partnership@MelbourneRegionalChamber.com with any questions.*

## COMPANY INFORMATION (All contact information required. Please list as you would like it to appear to the public.)

Company Name		Year Established	# of Employees
Mailing / Billing Address		City	State Zip
Category		Referred By	
<input type="checkbox"/> Woman-Owned <input type="radio"/> Minority-Owned <input type="radio"/> Veteran-Owned <input type="radio"/> Service Disabled Veteran-Owned <input type="radio"/> Nonprofit			

## POINT OF CONTACT INFORMATION (Who will represent your company and receive information?)

First Name	Middle Initial	Last Name
Title		
Phone # with Extension	Cell / Mobile #	
E-mail		

If you would like any of your employees to be added to the chamber's e-mail distribution list, please list their e-mail addresses:

Name / Title	E-mail
Name / Title	E-mail
Name / Title	E-mail
Name / Title	E-mail

Feel free to add additional pieces of paper with additional names.

## JOIN A COUNCIL

Councils are sub-groups of partners of the chamber, formed within the chamber, that focus on a particular niche or business area. When these niche groups grow in the number of partners, the chamber creates a council (by directive of the Board of Directors). As the council shrinks in partners, as they do from time to time, the board disbands the council. Partnership is included with chamber partnership.

**Business Advocacy Committee:** Included with chamber dues. The Business Advocacy Committee lobbies for key issues that impact Melbourne and Brevard County's business community. Guided by our overarching mission statement as the Melbourne Regional Chamber, the Business Advocacy Committee's focus is protecting the business-friendly climate of Melbourne, as we work in conjunction with all the chambers across Brevard County.

**Space Coast Young Professionals (formerly ENGAGE Young Professionals):** Included with chamber dues. Focused on career growth, professional development, and issues of interest to partners under the age of forty, this council welcomes members of all ages.

**Nonprofit Council (NPC):** Included with chamber dues. Dedicated to providing nonprofit organizations with the tools they need to succeed through leadership training, information sharing and review of best practices.

## JOIN A COUNCIL OR COMMITTEE (CONTINUED)

**Viera Regional Business Alliance (VRBA):** Included with chamber dues. Dedicated to the growth and concerns of the Viera/Suntree/Rockledge area, this council is the place to be if you are doing business, or want to be doing business, in those areas.

**Women of Excellence Council (WE):** Included with chamber dues. Gatherings to empower diverse working women to achieve their highest potential through collaborative initiatives focusing on networking and professional development.

**Small Business Council (SBC):** Included with chamber dues. Designed for businesses and organizations fewer than 50 employees. Council partners network, share information, and gather the resources they need to improve, grow and flourish.

## JOIN A REFERRAL GROUP

**Referral Group** Additional Annual Investment: \$40

Referral groups are tight-knit sub-groups within the chamber that meet frequently (usually twice a month) to share qualified business referrals with other partners in their group. Because of their strict loyalty to their fellow group partners, only one partner of each business type is permitted to be in each referral group. Referral group size is limited to 50 partners per group. NOTE: Because of the unique nature and exclusivity of business type in each referral group, the referral group annual investment of \$40 is the only chamber investment that may be refunded for the first year. To receive a full refund, the partner must attend one meeting of each of the chamber referral groups and be rejected partnership therein due to a business type conflict (referral group already has a competing partner of the same business type). The referral group leader's signature/date serves as proof of attendance and rejection.

## ONLINE INFORMATION (If you or your company is online, please link up with us.)

Do you have a website?  Yes    No    Address: \_\_\_\_\_

Facebook page?                      Yes    No    Page: \_\_\_\_\_

LinkedIn?                                Yes    No    Page: \_\_\_\_\_

Twitter?                                 Yes    No    Account: \_\_\_\_\_

Instagram?                              Yes    No    Account: \_\_\_\_\_

## UPON RECEIPT OF PAYMENT, WE WILL ANNOUNCE YOUR NEW PARTNERSHIP ON SOCIAL MEDIA AND IN OUR NEWSLETTER. Please provide the following as you would like them to appear:

Brief description of your business (2-3 sentences):

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Quote regarding why you are joining the Melbourne Regional Chamber.

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## DUES AND OTHER INVESTMENTS

### One Time Application Fee

\$ 50.00

### Annual Partnership Dues for a period of 12+ months (non-refundable)

#### Partnership Type: Partner:

+\$ \_\_\_\_\_

# of Employees	Annual
0-5	\$380
6-15	\$495
16-30	\$550
31-50	\$770
51+	\$1,295

#### Partnership Type: Nonprofit:

+\$ \_\_\_\_\_

Note: Dues are reduced from Partnership Type: Member dues, based on employee count

# of Employees	Annual
0-1	\$210
2-50	\$300
51+	\$530

<b>Annual Referral Group</b> \$40 annual upgrade	+\$ _____
<b>Investor Partner Price of Level Selected (Price Range: \$1,500 - \$10,000 Once Per Term)</b>	+\$ _____
Contact Mel Thomas for more information: mel@melbourneregionalchamber.com	
<b>Additional Location</b> \$175 Annually	+\$ _____
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<b>Total Amount Due</b>	<b>= \$ _____</b>

## METHOD OF PAYMENT

Check Enclosed (Payable to Melbourne Regional Chamber, 1005 E. Strawbridge Avenue, Melbourne, FL 32901-4782)

Credit Card (See credit card authorization form on page 4. Partnership@MelbourneRegionalChamber.com)

**Questions? Call (321) 724-5400 or email: Partnership@MelbourneRegionalChamber.com**

Dues payments to the Melbourne Regional Chamber are not deductible as a charitable contribution for federal income tax purposes. Dues payments may be deducted as an ordinary and necessary business expense. You are advised to consult a tax professional regarding the deduction of dues payments to the chamber. With the exception of referral groups, as explained above, dues and other investments paid to the chamber are non-refundable.

## PARTNERSHIP AGREEMENT FOR ALL PARTNERS

**Partnership Agreement:** I agree to abide by the bylaws and policies of the Melbourne Regional Chamber. I acknowledge that my company may use the chamber logo on all advertising, marketing, promotional, and public relations materials, which includes but is not limited to, the display of the chamber partner window cling, as long as my company remains a partner in good standing. Remaining a partner in good standing includes paying all chamber bills, including partnership dues bills, within 30 days or less.

**If my company's partnership in the Melbourne Regional Chamber becomes inactive or is terminated for any reason, I agree to immediately discontinue use of any and all chamber logos and insignias. I further agree that I will immediately remove from public display and viewing my chamber partner window cling.**

I understand acceptance into the chamber **DOES NOT GUARANTEE** acceptance into any endorsed program and / or affinity program sponsored by the Melbourne Regional Chamber.

I agree that the Chamber Board of Directors has full and final authority as to whether my partnership will be accepted.

**Signature of Company Primary Contact (required for partnership)** \_\_\_\_\_ **Date** \_\_\_\_\_



FOR OFFICE USE ONLY	
Rec'd by _____	_____
Rec'd date _____	_____
Payment type	check    check# _____
	credit card    cash/money order
Renewal date _____	_____
New Partner Number _____	_____

## CREDIT CARD INFORMATION

Visa       Master Card       American Express       Discover Card

Cardholder's Name (as it appears on card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code (on back) \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_

## PAYMENT FOR

New Partner/Investor Application       Map       Relocation Packet       Notary       Certificate of Origin  
 Event \_\_\_\_\_       Other \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_