



Southeastern Intercultural Chamber of Commerce

Investor Membership Application

A. Company Information

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 _____

Billing Address _____ *(If different from above)* City _____ State _____ Zip _____

B. Staff Information

Primary Contact/Title _____ Email _____ Ph _____

President/CEO _____ Email _____ Ph _____

HR Manager _____ Email _____ Ph _____

Sales/Mkting _____ Email _____ Ph _____

PR Officer/Spksmn _____ 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

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 Dues

Please choose one of the following:

Individual \$150 Investment

Student \$25 Investment

Corporate Investors:
(Employee Based)

Under 10 Employees \$300 Investment

11-25 Employees \$520 Investment

26-50 Employees \$830 Investment

51-75 Employees \$1106 Investment

76-100 Employees \$1462 Investment

101-200 Employees \$1730 Investment

201-350 Employees \$2610 Investment

351-500 Employees \$3740 Investment

501+ \$5200 Investment

Nonprofit Investors
(Budget Based)

Up to \$10k \$200 Investment

Over \$10k- 20k \$416 Investment

Over \$20k- 30k \$600 Investment

Over 30k-50k \$817 Investment

Over 50k-160k \$1000 Investment

Over 160k-300k \$1420 Investment

Over 300k-600k \$2980 Investment

Over 600k-1mil \$4030 Investment

Over 1mil+ \$4999 Investment

E. Describing Your Business

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

- | | |
|---|--|
| <input type="checkbox"/> Accounting (CPA's, 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 _____ |

Company Description _____

How did you hear about the Southeastern Intercultural Chamber of Commerce?

- | | | |
|--|---|---|
| <input type="checkbox"/> Newspaper/ Magazine | <input type="checkbox"/> Mail | <input type="checkbox"/> Web Site/Email |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Chamber Member | <input type="checkbox"/> Other |

Check one major expectation that you have of the Chamber.

- | | |
|--|---|
| <input type="checkbox"/> Government Contract Opportunities | <input type="checkbox"/> Member Discounts |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Business Education |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Marketing Assistance |
| <input type="checkbox"/> Visibility | <input type="checkbox"/> Other _____ |

F. Method of Payment/Disclosures

Credit Card Type _____ Credit Card # _____

Expiration ____/____/____ Cardholders Name _____

Authorization Signature _____ Date _____

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

Total Amount Due \$ _____

(Make checks payable to SICC)

I submit this application for membership to the Southeastern Intercultural Chamber of Commerce with all rights, privilege and benefits thereto. Membership to the Southeastern Intercultural 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: 866.964.0694 Fax: 843.556.9669 Web: www.scibcc.org

For questions or more information, please contact:

Director of Membership Services
 Phone: 866.964.0694 Email: contact@scibcc.org