Membership Application

NEW PRAGUE CHAMBER of COMMERCE

Application Date:_____

Company Profile:

Company Name:	Contact Person:
Mailing Address:	Business Phone:
City, State, Zip Code:	Fax:
Email:	Cell Phone:
Web Site:	Home Phone:
Number of Full-Time Employees:	Number of Part-Time Employees:

Preferred method by which to receive communications from the Chamber:

Email Phone Mail

Additional email addresses:

_____

_____

We ask for permission to release contact information including: phone, e-mail, address, social media site information etc. Please check the appropriate box below.

[ ] I wish to share my contact info with other members

[ ] I do not wish to share my contact info with other members.

Membership Dues

Based on full-time equivalent employees
(Two 1/2 time employees equal one full time)

1-2 Employees	$300	26-30 Empl.	$880
3-5 Empl.	$330	31-35 Empl.	$990
6-10 Empl.	$440	36-40 Empl.	$1,100
11-15 Empl.	$550	41-45 Empl.	$1,210
16-20 Empl.	$660	46-50 Empl.	$1,320
21-25 Empl.	$770	Over 50 Empl	$1,430
Non-Profit	$165	Individual	$85
Utilities	$550	Home-Based	$190
Banks	$1430	(+$21 per Million	in deposits)

Please bill me: __Annually __Semi-Annually __Quarterly

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