



MEMBERSHIP APPLICATION

The information you provide below will be used for publications, referrals, and will be available at: www.BellevueNebraska.com

1102 Galvin Road South
 Bellevue, NE 68005
 Phone: 402.898-3000
 Fax: 402.291-8729
www.BellevueNebraska.com
Membership@BellevueNebraska.com

Annual Membership Investment Schedule

1-2 FTE	\$255
3-4 FTE	\$285
5-7 FTE	\$315
8-10 FTE	\$350
11-15 FTE	\$400
16-20 FTE	\$490
21+ FTE	\$515
plus \$1 per additional FTE	

Professional Individual Listing.....\$175
(i.e. realtor/banker/lawyer)
 Firm or Company membership required in order to request an individual listing

Charitable Non-Profit Organization or Elected Official

0-5 FTE	\$150
6-49 FTE	\$225
50-99 FTE	\$410
100+ FTE	\$735

CORNERSTONE
 Add 25% to your membership investment and increase your recognition and benefits

Your membership investment is a deductible business expense. Consult your tax advisor for details.

If you do not wish to receive periodic fax and email updates from the Chamber, please initial here: _____

Business Name: _____ Date: _____

Address to be listed in Buyer's Guide: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Title _____

Main Company Phone: (____) _____ ext ____ Fax: (____) _____

Direct Line: (____) _____ Mobile: (____) _____

Email: _____

Company Web Address: _____

Number of FTE's (full time employees): _____ (2 part-time = 1 full-time)
(To list other eligible employees that you wish to receive Chamber communications, please use the space on the back of this form)

Type of Business (Please provide a brief description): _____

Referred by: _____

Annual investment amount: _____ **Method of Payment Enclosed**
One Time Application fee: \$25.00 Check MasterCard Visa

Total: \$ _____

I'd like to be a **CORNERSTONE** Member: + _____ 25% total

Card # : _____ Exp: ____/____

Please attach your business card to this form. We encourage you to add any additional employees and their email addresses if you would like them to receive periodic updates from the chamber. The Bellevue Chamber will not sell any email addresses or fax numbers.

Return to the Bellevue Chamber of Commerce, 1102 Galvin Road South, Bellevue, NE 68005

For office use only:

Date rcvd: _____ by: _____

Follow up: _____

Attach Business Card Here

The people listed below are employees of your company and will receive the weekly Business Brief, chamber invitations and membership correspondence

Contact Person: _____ Title _____

Address : _____

City: _____ State: _____ ZIP: _____

Direct Line or ext.: (____) _____ Fax: (____) _____

Alternate Phone: (____) _____ Mobile: (____) _____

Email: _____

Contact Person: _____ Title _____

Address: _____

City: _____ State: _____ ZIP: _____

Direct Line or ext.: (____) _____ Fax: (____) _____

Alternate Phone: (____) _____ Mobile: (____) _____

Email: _____

Contact Person: _____ Title _____

Address: _____

City: _____ State: _____ ZIP: _____

Direct Line or ext.: (____) _____ Fax: (____) _____

Alternate Phone: (____) _____ Mobile: (____) _____

Email: _____

Contact Person: _____ Title _____

Address: _____

City: _____ State: _____ ZIP: _____

Direct Line or ext.: (____) _____ Fax: (____) _____

Alternate Phone: (____) _____ Mobile: (____) _____

Email: _____