



400 N MARLAND BLVD
 HOBBS, NEW MEXICO 88240
 HOBBSCHAMBER.ORG



MEMBER PARTICIPATION AGREEMENT

PLEASE FILL OUT THE FORM COMPLETELY

Primary Information

Company / Nonprofit / Individual Name: _____

Contact Name: _____ Title: _____

Email Address: _____ Phone: _____ Fax: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Website: _____ Facebook Page: _____

Twitter Username: _____ LinkedIn Profile: _____

Total Number of Full-time Employees and/or Full-time Equivalents: _____ Business Days, Hours: _____

Billing Information

Billing Contact Name: _____ Title: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Annual Membership Investment

Select one of the following categories and calculate total annual dues:

- Special Category: Apartment Complex/Property Rental or Management Company**
 - Amount Due for up to 78 units: \$250
 - Amount Due for over 78 units: \$180 plus \$2 per additional unit

Number of Units over 78: _____ Total Annual Dues: \$ _____
- Special Category: Financial Institution**
 Amount Due: \$180 plus \$10 per \$1 million deposited
 Approximate Total Million: _____ Total Annual Dues: \$ _____
- Individual Person**
 Amount Due: \$75
 Total Annual Dues: \$ _____
- Special Category: Lodging**
 Amount Due: \$250 plus \$2 per room
 Number of Rooms: _____ Total Annual Dues: \$ _____
- Special Category: Nonprofit - 501(c) Social Organization, Business League, Government Department**
 Amount Due: \$155
 Total Annual Dues: \$ _____
- Special Category: Nonprofit - Other (Government Entity, Educational Institution, Credit Union, Health Care Provider, etc.)**
 Amount Due per number of employees:
 1-4: \$250 5-9: \$295 10-19: \$370 20-49: \$470 50-99: \$620 100-199: \$820 200-499: \$1070
 500 or more: \$1070 plus \$3 per employee over 500
 Number of Employees over 500: _____ Total Annual Dues: \$ _____
- Basic Category**
What is your Business? _____
 Amount Due per number of employees:
 1-4: \$250 5-9: \$255 10-19: \$370 20-49: \$470 50-99: \$620 100-199: \$820 200-499: \$1070
 500 or more: \$1070 plus \$3 per employee over 500
 Number of Employees over 500: _____ Total Annual Dues: \$ _____

I hereby authorize membership with the Hobbs Chamber of Commerce. I agree to pay the annual dues amount selected in full during each year of membership. I also agree to notify the Hobbs Chamber of Commerce if my membership category or number of employees alters my dues level. I understand that my membership billing with the Hobbs Chamber of Commerce will continue unless I cancel in writing.

Signature: _____ Date: _____



Promoting Commerce. Promoting Community. Promoting Character.
 Policy • Advocacy • Member Education • Cooperative Marketing