2027 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

COMMUNICATION PREFERENCES

Preferred method of Chamber communication:

☐ Email ☐ Phone ☐ Mail

Additional email addresses:

Permission to share contact information

(phone, email, address, social media, etc.)

☐ Share with other members

☐ Do not share with other members

MEMBERSHIP DUES

Based on full-time equivalent employees
(two half-time employees = one full-time)

☐ Home-Based	**$200**
☐ 1-2 Employees	**$315**
☐ 3-5 Employees	**$350**
☐ 6-10 Employees	**$460**
☐ 11-15 Employees	**$580**
☐ 16-20 Employees	**$695**
☐ 21-25 Employees	**$810**
☐ 26-30 Employees	**$925**
☐ 31-35 Employees	**$1,040**
☐ 36-40 Employees	**$1,155**
☐ 41-45 Employees	**$1,270**
☐ 46-50 Employees	**$1,385**
☐ Over 50 Employees	**$1,500**

BILLING PREFERENCE

Please bill me: ☐ Annually ☐ Semi-Annually ☐ Quarterly