

Membership Application

Rio Rancho Regional Chamber of Commerce
Attn: Member Services
4001 Southern Blvd SE | Suite B | Rio Rancho, NM 87124-2069
Phone: 505.892.1533 | Fax: 505.892.6157 | www.rrcc.org



Office Use Only

Membership #: _____ Parent Company ID# _____
App. Date: _____ Dues Calculation: _____

Company/Organization Name: _____

Main Telephone: _____ Fax: _____

Web Address: _____

Number of Permanent Full-time Employees: _____ Part-time: _____

Facebook: _____ Twitter: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Billing Address: *(if different than street address)* _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Primary Member: Mr. Ms. Dr. Mrs.

First Name: _____ Last Name: _____

Cell Phone: _____ Contact E-mail Address: _____

Title: _____

Business Category Primary: _____ Secondary: _____
(Business Categories are listed on the Chamber's Website or ask your Chamber representative for a list of categories)

Secondary Member: Mr. Ms. Dr. Mrs.

First Name: _____ Last Name: _____

Cell Phone: _____ Contact E-mail Address: _____

Title: _____

Membership Tier Level: _____

Annual Dues: \$ _____

Application Fee (First Year Only): \$ 50

Paid in Full Total \$ _____

Paid in Full Discount (25% Off): \$ _____

EFT Discount (20% Off): \$ _____

Down Payment \$ _____

Monthly Payment \$ _____

Total Dues : \$ _____

Benefits

- _____ Service Enterprise Leadership Alliance (SEL)
- _____ Non-profit Alliance Committee (NAC)
- _____ Rio Advisory Partnership (RAP)
- _____ Ribbon Cutting
- _____ Ambassadors
- _____ Visionaries
- _____ Leadership Sandoval County
- _____ Office Max/Office Depot Discount Card
- _____ Defined Fitness Discount Program (~20% off)
- _____ Constant Contact Discount Program (~20% off)

Terms & Conditions

- Memberships are held in the name of the business/firm.
- One person (primary member) represents the firm, receives all mailings and may participate on committees.
- The annual dues paid by each member include a subscription to the Chamber’s weekly email newsletter.
- All memberships shall be continuous unless cancelled (A) in writing by the member, (B) by the Chamber for non-payment of dues, or (C) for non-compliance with Chamber policies.
- Membership dues investment is non-refundable.
- Membership in the Rio Rancho Regional Chamber of Commerce may be revoked according to the terms set forth in its bylaws.
- The Chamber may send communications to the organizational e-mail, personal e-mail and fax number provided to keep you updated on business issues, events and networking opportunities.
- By providing e-mail addresses and a fax number, you are stating you are authorized to and hereby consent for the company/organization to receive faxes and/or e-mails sent by or on behalf of the Rio Rancho Regional Chamber of Commerce.
- If a member's dues shall become delinquent for a period of thirty (30) days, the delinquent member may no longer be in good standing and shall any benefits and rights included in the membership. If delinquent dues are not brought current within ten (10) days after a notice of delinquency, membership may be terminated by designated Chamber administrative staff and approval of Board of Directors.
- Any member wishing to indicate on his/her business website that he/she is a member of the Chamber shall do so only with the consent of the Chamber. The Chamber reserves the right to revoke consent of the use of the business logo if it found to violate Chamber policies or bylaws or if the member is not in good standing.
- Dues are for a period of one year from date of inception.
- To receive non-profit rate, proof of IRS non-profit (501c3 or 501c6) status must be submitted.*
*Exclusions apply including hospitals, medical facilities and governmental agencies

Applicant agrees to the above Terms and Conditions.

Applicant agrees to pay the total membership dues owed.

Applicant Signature: _____ Chamber Representative: _____

Date: _____

REVISED Dec 2016

<i>For Internal Statistical Use Only</i>	
Company Info	
Year Founded	_____
<i>Please Choose One, if Applicable:</i>	
Home Based	_____
Sole Proprietor	_____
Woman Owned	_____
Minority Owned	_____
HQ in Sandoval	_____
HQ in Bernalillo	_____
HQ in New Mexico	_____

<i>For Internal Statistical Use Only</i>	
Annual Revenue	
Less than \$100K	_____
\$100K – \$500K	_____
\$500K – \$1M	_____
\$1M – \$5M	_____
Over \$5M	_____

For Office Use Only

Received date _____

Entered date _____

New member package mailed _____

New member package delivered _____



Referrals

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____

Prefix: Mr. ___ Ms. ___ Mrs. ___ Dr. ___

Name: _____

Business Name: _____

Title: _____

Phone/ext: _____

Email: _____