

# 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: \_\_\_\_\_

Company Email address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Number of Permanent Full-time Employees: \_\_\_\_\_ Part-time: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

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)

**Billing Information:**  Mr.  Ms.  Dr.  Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Membership Tier Level: \_\_\_\_\_

Annual Dues: \$ \_\_\_\_\_

Application Fee (First Year Only): \$ \_\_\_\_\_ 50.00 \_\_\_\_\_

Paid in Full Total \$ \_\_\_\_\_

EFT Down Payment \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

**Total Dues:** \$ \_\_\_\_\_

#### For Office Use Only

Received date \_\_\_\_\_

Entered date \_\_\_\_\_

New member package mailed \_\_\_\_\_

New member package delivered \_\_\_\_\_

#### **Benefits**

- \_\_\_\_\_ Leadership Sandoval County
- \_\_\_\_\_ Annual Dinner & Dance
- \_\_\_\_\_ LSC Golf Tournament
- \_\_\_\_\_ Non-profit Alliance Committee (NAC)
- \_\_\_\_\_ Rio Rancho Day at Legislature
- \_\_\_\_\_ Ribbon Cutting (Prime level and above only)
- \_\_\_\_\_ Ambassadors
- \_\_\_\_\_ Visionaries (young professionals ages 21 – 40)
- \_\_\_\_\_ Website logo
- \_\_\_\_\_ Advertising and Marketing Discounts
- \_\_\_\_\_ Office Depot/Office Max Discount Card
- \_\_\_\_\_ Defined Fitness Discount Program (~20% off)
- \_\_\_\_\_ Constant Contact Discount Program (~20% off)

**Additional Contacts:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 revised 2019

Applicant agrees to the above Terms and Conditions. Applicant agrees to pay the total membership dues owed.

Applicant Signature: \_\_\_\_\_ Chamber Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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

<i>For Internal Statistical Use Only</i>	
<b>Company Info</b>	
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	_____



## 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: \_\_\_\_\_