



Non-Profit/Pastor Partnership Application

This information will appear in our partnership directory. (Please print.)

First Name: _____ Last Name: _____

Organization/Church: _____

Address: _____ Birthday (Month/Day): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Number of Members _____

Your E-Mail: _____ Website URL: _____

Additional Representative who you would also like to be on the Chamber distribution list to receive mailings and email notifications:

Name: _____ Title: _____ Email: _____

Describe your organization/church for publication in our directory (maximum of 50 words):

Maximize Your Partnership (check if you agree to participate)

- SPEAKER BUREAU** - The Speakers' Bureau provides speakers to address an audience at no cost to the group or organization.

Committee Participation - Please select one or more committees that you can commit to.

- EXPANSION COMMITTEE** - Organized to develop and implement strategies for growth in Chamber partnership.
- MARKETING & COMMUNICATIONS** - Develop and implement strategies for marketing of the Chamber.
- KINGDOM BUSINESS CONFERENCE** – Coordinate and promote annual Kingdom Business Conference & Expo.
- CHAMBER BENEFITS** - Develop and implement strategies for Chamber member benefit program.
- CAREER AWARENESS** - Promotes education programs that provide school-to-work experience as well as directly mentoring students.
- EVENTS & PROMOTIONS** – Develop and implement strategies to ensure smooth event execution and maximize attendance.

Annual Partnership Dues

<u>Partnership</u>	<u>Cost</u>	<u>Amount</u>
<input type="checkbox"/> Pastor Partnership	\$250 (preferred rate)	
<ul style="list-style-type: none"> ▪ You will receive a \$25 credit in your account for every member from your church who joins the Chamber. Use the accumulating credit toward Chamber membership renewal, luncheons or events. ▪ Each church member who joins the Chamber will also receive a \$50 discount on their membership rate. 		
<input type="checkbox"/> Non-Profit Partnership I	\$275 (1 to 5 employees and/or volunteers)	
<input type="checkbox"/> Non-Profit Partnership II	\$475 (5 or more employees and/or volunteers; more qualifies organization for Corporate Partnership)	

Note: Monthly payment plans are available. Payments are due on the first of the month. Credit card required.

Chamber Partners

I UNDERSTAND THAT THE KINGDOM CHAMBER OF COMMERCE IS A UNIQUE MINISTRY AND IS LOOKING FOR PARTNERS, NOT JUST MEMBERS. I AGREE TO BE A FULL PARTNER AND WILL SUPPORT THE FOLLOWING PROGRAMS. PLEASE CHECK ALL APPROPRIATE BOXES AND TOTAL ON THE RIGHT.

<u>Opportunity</u>	<u>Cost</u>	<u>Amount</u>
<input type="checkbox"/> Luncheon Sponsorship	\$1500 – Title Sponsor \$300 - Supporting Sponsor	
<input type="checkbox"/> Business Card Ad - Newsletter	\$350 for entire year (4 quarters) or pay \$100 per quarter	
<input type="checkbox"/> Banner Ad - Website	Special Packages Available (call Chamber Office)	
<input type="checkbox"/> Partner to Partner Advertising	\$85 per email communications blast	
<input type="checkbox"/> Kingdom Business Conference Booth Reserve	\$100 deposit will reserve your company booth	
TOTAL		

Check (payable to Kingdom Chamber of Commerce) Credit Card (Visa, MasterCard, American Express, Discover)

NAME ON CARD: _____ CVC# (On back of card) _____

CARD NUMBER: _____ EXP DATE _____

BILLING ADDRESS: Is your credit card billing address the same as your mailing address? YES NO

If not, please provide: _____

City _____ State _____ Zip Code _____

(Please re-write in your own handwriting below)

Yes, I wish to become a member of the Kingdom Chamber of Commerce. I agree that the Bible is the inerrant Word of God and that eternal life is through Jesus Christ alone.

Signature: _____ Title: _____ Date: _____

“But thou shall remember the Lord thy God: for it is He that giveth thee power to get wealth that He may establish His covenant which He swore unto thy fathers, as it is this day.” ~Deuteronomy 8:18

Partnership Renewal

Chamber Partnership is valid for one (1) year to the date it was effective, for example, if you joined on Jan 1, 2010, your Partnership will be due for renewal January 1, 2011. **Partnership will be automatically renewed via your credit card unless you provide official notice of cancellation thirty (30) days prior to renewal date.** You will be notified by email 30 days before your partnership will be renewed.

Please complete application in its entirety and fax to Chamber Office at (856) 414-6140

Kingdom Chamber of Commerce
383 N. Kings Highway, Suite 201
Cherry Hill, New Jersey 08034
Phone: 856-414-0818 Fax: 856-414-6140
www.KingdomChamberOfCommerce.org

For Office Use Only

Date: ____/____/____
Partnership #: _____
Referred By: _____

<input type="checkbox"/> IND	<input type="checkbox"/> WEB
<input type="checkbox"/> DIR	<input type="checkbox"/> CDB
<input type="checkbox"/> MMP	<input type="checkbox"/> PIN