



Partnership Application

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

First Name: _____ Last Name: _____

Company: _____

Address: _____ Birthday (Month/Day): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Are you the Owner? Yes No Number of Employees _____

If not, please state your title _____

Main Company Representative for Chamber _____ Title: _____

E-Mail: _____ Web Site URL: _____

Additional Company Representative (will receive Chamber mailings and email notifications)

Name: _____ Title: _____ Email: _____

Describe your business for publication in our directory and on our website (For Entrepreneur Level and above; maximum of 50 words):

Maximize Your Partnership (check if you agree to participate)

- PROFESSIONAL COURTESY** – A program whereby a partner offers one free, private half-hour consultation in his/her area of professional expertise.
- 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 partner 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"/> Start-Up Partnership	\$200 (In business less than 1 year)	
<input type="checkbox"/> Pastor Partnership PLEASE COMPLETE NON-PROFIT APPLICATION	\$250 (preferred rate)	
<input type="checkbox"/> Non-Profit Partnership I PLEASE COMPLETE NON-PROFIT APPLICATION	\$275 (1 to 5 Employees and/or Volunteers)	
<input type="checkbox"/> Non-Profit Partnership II PLEASE COMPLETE NON-PROFIT APPLICATION	\$475 (5 or more Employees and/or Volunteers)	
<input type="checkbox"/> Entrepreneurial Partnership	\$350 (1 to 5 Employees)	
<input type="checkbox"/> Corporate Partnership	\$750 (6+ Employees)	
<input type="checkbox"/> Ambassador Partnership	\$1,500 (Payment plan available)	
<input type="checkbox"/> Presidential Partnership	\$2,500 (Payment plan available)	
<input type="checkbox"/> Legacy Partnership	\$5,000 (Payment plan available)	

Note: Installment 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 (partial pay)	
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 partner 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 Dues Renewal

Chamber partnership is valid for one (1) year to the date it was effective, for example, if you joined on Jan 1, 2011, your partnership dues will be due for renewal January 1, 2012. **Partnership dues 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