



### Invest in Erie... Invest in Your Business!

Your membership in the Erie Regional Chamber and Growth Partnership entitles you to ERGCP benefits for one year. Investments are non-refundable.

Click "JOIN NOW" at [eriepa.com](http://eriepa.com) for our online application!

**Membership continues unless cancelled in writing.**

## 2019 MEMBERSHIP ENROLLMENT FORM

Please print or type legibly.

### Investor Level

Level of Investment (please select one):

- Diamond** (\$25k)
- Gold** (\$5,675)
- Bronze** (\$850)
- Platinum** (\$16,900)
- Silver** (\$2,275)
- Investor** (\$285\*)

**\*PLEASE NOTE:**

The investment rate for base level members is **\$285 + \$3 for each full-time equivalent (FTE) employee over five. Two part-time equivalent (PTE) equals to one FTE.**

### Investor Information

Company/Organization Name:

Mailing Address:

Address #2:

City:  State:  Zip:

Phone:  Fax:  Website:

Parent Company (if applicable):


Primary Email (general):


Year Business Commenced:  Number of Full-Time Employees:  Number of Part-Time Employees:


Company description to be placed in the member directory at [eriepa.com](http://eriepa.com) - Required (Up to 25 words. Please print legibly.):

Keywords (Up to five):

Social Media Business Accounts (Select any that apply and print page URLs):








Please fill in Individual Contact Information for you and your staff on the reverse side to receive our eNewsletter, event invitations, etc. via email.

### Payment Information

**Check/Money Order** — Investment payable to "Erie Regional Chamber" enclosed.

**Credit Card** — Investment will be charged to credit card upon processing (enter information below).

Credit Card Number:  Expiration Date:  /

Name on Card:  Card Type:    

Signature:  Date:     

# 2019 MEMBER ENROLLMENT FORM *(cont.)*

Please print or type legibly.

## Individual Contact Information

Please fill in to receive current eNewsletter, event invitations, etc. via email.

Primary Contact:	<input type="text"/>	Email:	<input type="text"/>
	CEO/General Manager/Owner	Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Contact:	<input type="text"/>	Email:	<input type="text"/>
	HR Manager	Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Contact:	<input type="text"/>	Email:	<input type="text"/>
	Marketing Manager	Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Contact:	<input type="text"/>	Email:	<input type="text"/>
Title:	<input type="text"/>	Phone:	<input type="text"/>
		Fax:	<input type="text"/>
Contact:	<input type="text"/>	Email:	<input type="text"/>
Title:	<input type="text"/>	Phone:	<input type="text"/>
		Fax:	<input type="text"/>

Why did you decide to join the Erie Regional Chamber and Growth Partnership? Please select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Awareness            | <input type="checkbox"/> Referrals                 |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Networking                |
| <input type="checkbox"/> Advertisement        | <input type="checkbox"/> Educational Opportunities |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other                     |

Do you know of a business who could benefit by joining the Chamber? Let us know!

**Nancy Irwin**  
(814) 454-7191 x143  
nirwin@eriepa.com

**Steve Walters**  
(814) 454-7191 x140  
swalters@eriepa.com

## Agreement

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

*Your signature confirms that you understand the member benefits with the Erie Regional Chamber and Growth Partnership (ERCGP) and that the information on this form is correct. By signing this application, you also agree to abide by the ERCGP Code of Ethics, as may be amended.*

**Thank you for your investment and membership!**  
**We look forward to working with you.**