

2022-2023 Black Business Alliance Application

Date: _____

Company _____ Primary Contact _____ Title _____

Office # _____ Cell # _____ (Best E-mail to Reach You) E-Mail _____

Company Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Website _____ Number of employees in NJ _____ Number of employees (all locations) _____

Business Classification _____ Referred by _____

Business Description (maximum 20 words) _____

What are you looking to get out of the Chamber? Networking Events Promotions Money Saving Discount Programs

Check off which Local Chambers and Networking Groups you would like to participate in at no additional charge!

- | | | |
|---|---|--|
| <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Queen City Chamber | <input type="checkbox"/> Linden Chamber |
| <input type="checkbox"/> Workforce Education | <input type="checkbox"/> Watchung Chamber | <input type="checkbox"/> Kenilworth Chamber |
| <input type="checkbox"/> Irish Business Association | <input type="checkbox"/> Clark Chamber | <input type="checkbox"/> Black Business Alliance |

Find the membership that's right for you! As a Black Business Alliance member, your membership includes:

- Ribbon Cutting - Basic listing in Print and Digital Directories - New Member Breakfast
- New Member Spotlight - Member Discount Programs
- Resource Center – Connect with NJBAC, NJEDA, UCEDC, and more

Elite Level: \$100/month

- Web spotlight (4x) /
- Social Media Post
- Email marketing (4x)
- In-depth consultation with Chamber (2x)

Premier Level: \$50/month

- Web spotlight (2x)
- Email marketing (2x)
- In-depth consultation with Chamber (1x)

Basic Level: \$10/month

Investment Schedule: Your investment in dues as a Chamber member is tax deductible as a business expense

Name on credit card (exactly as printed): _____

Billing Address for credit card (Street, Suite. #): _____

Email Address (if different point of contact): _____

City, State Zip: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Signature: (X) _____ Today's Date: _____

Bill all recurring charges to the above card.

Your membership will automatically renew monthly, and your credit card will automatically be charged the applicable rate until you cancel your membership.

By filling out and signing this application you are agreeing to the terms.

ACH Options Available – Reach Out To CamilaCuevas@GatewayChamber.com

Please be advised: To reduce administrative costs, this new membership rate is only renewable via credit card.

You can e-mail this application to CamilaCuevas@GatewayChamber.com or fax to 908-352-0865