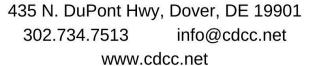
CDCC Membership Application

| Company Name: | | | |
|---|-------------------|---------------|---------------------------------------|
| Business Address: | | | · · · · · · · · · · · · · · · · · · · |
| City: | | | Zip: |
| Primary Contact: | | | |
| Phone: Fax: | | | |
| Billing Contact: | | Title | : |
| Billing Mailing Address (if different): | | | |
| City: | _State: _ | | Zip: |
| Phone: | | | |
| Number of Employees in Kent Coun | ty Full 7 | Гіте: | Part Time: |
| Business Established Date: | W | /ebsite: | |
| | | | |
| Select 2 Categories from the CDC | C Websit | te for your | Business Listing: |
| 1) | | 2) | |
| | | | |
| <u>Reason You Joined (Rank in Orde</u> | <u>er of Impo</u> | ortance fro | <u>m 1 -4, 1 being Highest)</u> |
| EducationLegislation | on | _ Marketing | Networking |
| Other: | | | |
| Programs/Event Committees You | Would B | e Intereste | d In Learning More About: |
| Leadership Central Delaware | | | |
| 55+ Expo Holiday Gift | | | |
| | | | |
| Committees You Would Be Interes | sted In A | fter One Ye | <u>ear of Membership:</u> |
| Ambassadors Legislati | ve Affairs | Mai | rketing Military Affairs |
| 11106 | | 00 | |
| I would like to participate | | | |
| to CDCC Members, Dover AFB Men | nbers, an | a the Comm | iunity. |
| Your Discount offered: | | | |
| Are you a Veteran? Yes | No | | |
| Check here if you would you | | eceive inforn | nation sent periodically |
| for Veteran-Owned Busines | | | • |







Date:



Annual Dues Schedule

Prices effective July 1, 2024 - June 30, 2025

Based on Full Time Employees, including Owners & Managers, that are based in or

| serving Kent County | | | |
|---|-----------------------|------------|----------|
| <u># of Employees</u> | <u>Annual Du</u> | <u>ies</u> | |
| 0 - 5 | \$325.00 |) | |
| 6 - 15 | \$380.00 |) | |
| 16 - 25 | \$500.00 |) | |
| 26 - 40 | \$640.00 |) | |
| 41 - 60 | \$860.00 |) | |
| 61 - 100 | \$1,060.0 | 0 | |
| 101 - 500 | \$1,285.0 | 0 | |
| 500+ \$ | \$1,360.00 + \$0.50 p | er e | mployee |
| Annual Dues Amount | | \$_ | |
| One Time Processing Fee | | \$_ | 25.00 |
| Enhanced Website Listing - \$50.00 \$(Optional) | | | |
| TOTAL PAYMENT DUE | | \$_ | |
| <u>Method of Payment</u> | | | |
| Check | Cash | Cre | dit Card |
| Check #: | | | |
| Make Checks Payable to: CDCC | | | |
| Card # | | | |
| Exp.:/ | Security Code: _ | | |
| Name on Card: | | | |

*For retired individuals, or those no longer associated with a company, who still want to stay connected, Individual Memberships are available. Call the CDCC office for details.

City: _____ State: ____ Zip: ____

| CDCC Salesperson: Member Referred by: | |
|---------------------------------------|--|
| | |

FOR STAFF PURPOSES ONLY:

How do you prefer to be contacted by the CDCC Staff?

PHONE or EMAIL (circle one)

| Provide | if different: |
|--------------------|---------------|
| Phone: | |
| Fmail [.] | |

Would you like to join the Auto-Billing Program? Yes No

CDCC Membership runs on an annual basis and automatically renews until the Member formally notifies the CDCC that they wish to terminate their membership.

| every _ | <u> </u> |
|--------------|----------|
| Print Name: | |
| Signature: _ | |
| Date: | |

Your Membership will renew

Thank you for joining the CDCC!

The CDCC - THE Essential Resource for the Development of Business in Central Delaware.



Phone:



Billing Address:

