

CDCC Membership Application

Date: _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Billing Contact: _____ Title: _____

Billing Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number of Employees in Kent County Full Time: _____ Part Time: _____

Business Established Date: _____ Website: _____

Select 2 Categories from the CDCC Website for your Business Listing:

1) _____ 2) _____

Reason You Joined (Rank in Order of Importance from 1 -4, 1 being Highest)

_____ Education _____ Legislation _____ Marketing _____ Networking

Other: _____

Programs/Event Committees You Would Be Interested In Learning More About:

_____ Leadership Central Delaware _____ Professional Power Up!

_____ 55+ Expo _____ Holiday Gift Auction _____ Home & Garden Expo

Committees You Would Be Interested In After One Year of Membership:

_____ Ambassadors _____ Legislative Affairs _____ Marketing _____ Military Affairs

_____ I would like to participate in the "Club Card" Program by offering a discount to CDCC Members, Dover AFB Members, and the Community.

Your Discount offered: _____

Are you a Veteran? _____ Yes _____ No

_____ Check here if you would you like to receive information sent periodically for Veteran-Owned Businesses.



435 N. DuPont Hwy, Dover, DE 19901
302.734.7513 info@cdcc.net
www.cdcc.net



@chambercdcc



@CentralDelawareChamber

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 Dues</u>
0 - 5	\$325.00
6 - 15	\$380.00
16 - 25	\$500.00
26 - 40	\$640.00
41 - 60	\$860.00
61 - 100	\$1,060.00
101 - 500	\$1,285.00
500+	\$1,360.00 + \$0.50 per employee

Annual Dues Amount \$ _____

One Time Processing Fee \$ 25.00

Enhanced Website Listing - \$50.00 \$ _____
 (Optional)

TOTAL PAYMENT DUE \$ _____

Method of Payment

_____ **Check** _____ **Cash** _____ **Credit Card**

Check #: _____

Make Checks Payable to: CDCC

Card # _____ - _____ - _____ - _____

Exp.: ____ / ____ **Security Code:** _____

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

**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.*

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: _____
 Email: _____

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.

Your Membership will renew every _____

Print Name: _____
 Signature: _____
 Date: _____

Thank you for joining the CDCC!

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



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