Conclusion and Signature Page

This page must be completed in this pdf file — except for the signature — then printed and hand signed. Both the digital pdf file and the signed page should be included in the mailing to the U.S. Chamber of Commerce along with the CD or USB drive.

Chamber				
Address				
City	State	ZIP code		
Phone		Fax		
Website				
Name of chief paid executive				
Title of chief paid executive				
Email of chief paid executive				
U.S. Chamber membership nur	mber, if applicable			
For Consideration by t	he Accrediting B	oard of the U.S. Chamber of Commerc	e	
☐ This organization has b	een in operation f	or three years or more.		
	neck or the credit card payment form in the amount of \$699 for members or s as the program fee for the U.S. Chamber of Commerce.			
Type of Area Served by Organi	zation (check one):		
☐ State ☐ Region	☐ County	☐ Metro ☐ City ☐ Suburb		
Population of area served by organization		Number of part-time employees		
Number of members		Number of full-time employees		
Membership dues income	\$	Year		
Total income	\$	Year		
Percentage of nondues revenue	%	Membership retention rate	%	
Date organization established		Date incorporated/chartered		
Date of first Accreditation		Date of last Accreditation		
	Certified correct	by: (please sign)		
Chief Executive Officer		Date		
Chamber Board chairperson		Date		

Payment Form

Make payable to the U.S. Chamber of Commerce

Payment Amount:	□ \$699	□ \$1,199	
Chamber			
Check number	or credit card type		
Credit card number			
Expiration data			
Billing address			
City	State	ZIP Code	
Phone		_	
Signature		Date	