

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 _____

Web site _____

Name of chief paid executive _____

Title of chief paid executive _____

E-mail of chief paid executive _____

U.S. Chamber membership number, if applicable _____

For Consideration by the Accrediting Board of the U.S. Chamber of Commerce

- This organization has been in operation for three years or more.
- We have enclosed a check or the credit card payment form in the amount of \$699 for members or \$1,199 for nonmembers as the program fee for the U.S. Chamber of Commerce.

Type of Area Served by Organization (*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 _____

Name on credit card _____

Expiration date _____

Billing address _____

City _____ State _____ ZIP Code _____

Phone _____

Signature _____ Date _____