



Black Chamber Member Application

Date: _____

Contact Information

First Name: _____ Last Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Website: _____ Phone: _____

Business Services

Type of Services: _____

How long have you been in business? _____ Are you certified? _____

Type of Certifications: _____ Number of Staff: _____

Have you received any contracts from Prince George's County? _____ State? _____ Federal? _____

How did you hear about us? _____ Email _____ Website _____ Business _____ Nonprofit _____ Newspaper
 _____ County _____ Friend _____ Event _____ Eventbrite _____ Facebook Referred By _____

Business Type	Membership Dues Level	Basic	Gold	Platinum	Pay method
Self Employed	Revenue under \$200,000	\$250	\$360	\$500	
Small Business 1	Revenue \$200,001 - \$500,000	\$350	\$460	\$600	
Small Business 2	Revenue \$500,001 - \$1,000,000	\$550	\$700	\$900	
Business Level 3	Revenue \$1,000,001- \$5,000,000	\$2,000	\$4,000	\$6,000	
Business Level 4	Revenue over \$5,000,000	\$5,000	\$7,500	\$10,000	

Committees - Please check the Committee(s) you would like to serve on:

_____ Bus Dev _____ Housing _____ Pub Safety _____ Tech _____ Constuct. _____ Health _____ Retail _____ Rest

Make checks payable to: PFC Black Chamber, 9500 Medical Center Drive, Suite 105, Largo, MD 20774