



EAST LIBERTY QUARTER CHAMBER OF COMMERCE

P.O. Box 1737, Pittsburgh, PA 15230

412-661-9660

www.eastlibertychamber.org

ELQCC Membership Application

NAME _____ For-Profit Non-Profit Individual

CONTACT PERSON _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

BUSINESS ADDRESS _____

MAILING ADDRESS Same _____

TYPE OF BUSINESS/ORGANIZATION _____

DATE ESTABLISHED _____ # OF EMPLOYEES _____

WEBSITE _____ PREFERRED MEANS OF CONTACT MAIL EMAIL

The undersigned individual or representative of a business/organization applying for membership, hereby makes application for membership in the East Liberty Quarter Chamber of Commerce. My/our annual membership investment attached covers payment of one year's investment and is renewable on the anniversary.

SIGNATURE _____ DATE _____

Non-Profit Organization	\$90.00
Businesses with 1-4 employees And self employed individuals	\$190.00
Businesses with 5-9 employees	\$220.00
Businesses with 10-19 employees	\$290.00
Businesses with 20-29 employees	\$390.00
Businesses with 30 + employees	\$495.00
Payment options:	
Check (return with application)	
Mastercard-Visa-American Express-Discover via Paypal	
PAYPAL INSTRUCTIONS:	
Visit www.paypal.com and set up an account at no charge.	
To pay membership dues, go to "send money"	
Chamber email address: director@eastlibertychamber.org	
Follow payment instructions	
REFERRED BY: _____	

Interested in advertising on the Chamber's website?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interested in information on the Chamber Choice's competitive health insurance plans and other services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interested in receiving notices of upcoming networking events and seminars?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How can the Chamber help your business?	_____	

