



**To minimize processing time, please complete all fields.**

Name of company \_\_\_\_\_ Please indicate which best describes your business:  
 Parent company \_\_\_\_\_  Headquarters  Single location  Branch  Subsidiary  
 (If this company has the same ownership as a current member) Recruited by \_\_\_\_\_  
 Main telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (The person who gave you information about the Chamber)

# Full-time equivalent, permanent employees at this location only (2 PT = 1 FT) \_\_\_\_\_

Main contact (Mr./Ms.) _____ <small>(This is the person who will be listed in the online business directory)</small>	Main contact title _____
Main contact e-mail address _____ <small>(Email addresses are not listed or given out)</small>	
Billing contact (Mr./Ms.) _____	CEO (Mr./Ms.) _____
Head of human resources (Mr./Ms.) _____	Head of purchasing (Mr./Ms.) _____

**Check the box to indicate which address you want published. The physical is the default address used if no box is checked.**

Physical address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(If same as physical address, please write "same")

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(if different than mailing address)

Headquarters address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(if same as physical address, please write "same.")

**Why did you decide to join the Greater Omaha Chamber? (Select all that apply.)**

<input type="checkbox"/> Marketing / Visibility	<input type="checkbox"/> Business connections	<input type="checkbox"/> Professional development
<input type="checkbox"/> Community support	<input type="checkbox"/> Advocacy / Public policy	<input type="checkbox"/> Economic development
<input type="checkbox"/> Business assistance	<input type="checkbox"/> Other _____	

**Categories** (Select the categories that apply to your company from the attached sheet.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_ Date business established \_\_\_\_/\_\_\_\_/\_\_\_\_

**How did you hear about the Greater Omaha Chamber?**

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Bus. Associate	<input type="checkbox"/> Other _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Social Media	<input type="checkbox"/> Website
		<input type="checkbox"/> Ad _____

**Please include a brief description of your business.**

This will be displayed with your listing on the Greater Omaha Chamber's online business directory and used in electronic searches. (500 character limit)

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**Our main form of communication with members is e-mail.**

All employees at a member business may take advantage of Chamber services / programs. To stay connected, the Greater Omaha Chamber encourages you and your co-workers to subscribe to our e-mails. Please attach business cards or complete the following - these e-mail addresses will not be published or sold and you may opt out at any time. Additional sheets may be added if necessary.

Name (Mr./Ms.) _____	Title _____
E-mail _____	Is this person authorized to make changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Mr./Ms.) _____	Title _____
E-mail _____	Is this person authorized to make changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Mr./Ms.) _____	Title _____
E-mail _____	Is this person authorized to make changes? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Facebook Account** \_\_\_\_\_

(For example [https://www.facebook.com/...](https://www.facebook.com/))

**Twitter Account** \_\_\_\_\_

(For example <https://www.twitter.com/@...>)

**Keywords** (Words that your company will be searchable by in our online business directory)

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

(Please indicate your geographic area as one of your keywords; e.g. Aksarben Village, Benson, Village Pointe, etc.)

**Business ownership** (This will be published. Check all that apply.)

<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Woman
<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Veteran

<input type="checkbox"/> Home Business <input type="checkbox"/> Check this box if you want your home-based address to be listed.
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**What are the three biggest challenges your business is facing today?**

1. _____
2. _____
3. _____

**Dues Schedule**

<b>A   Includes all businesses except as noted in B – E</b> \$435 base for 1 to 5 full time, permanent employees \$435 base plus \$3 per person for each full time, permanent employee after 5	
<b>B   Banks and credit unions, pricing varies.</b> \$435 base plus \$7 for every one million on deposit in the Omaha market	<b>D   Restaurants</b> \$435 base plus \$1 per additional seat above 25 # of seats _____
<b>C   Hotels and motels</b> \$435 base plus \$7 per additional sleeping room above 55 # of rooms _____	<b>E   Nonprofit, any size</b> \$360 base

**Ninety-three percent of your Chamber dues are tax deductible** as business expense, not a charitable deduction. Seven percent is used for lobbying expenses and is therefore not deductible

**Payment details**  
 **Annual** (Default option if a box is not checked)  **Semi-Annual**  **Monthly automatic payments** **Total membership dues \$** \_\_\_\_\_

Monthly payments can only be done via **automatic withdrawal** from a checking account or a credit card. They will automatically renew and will continue unless you notify the Greater Omaha Chamber otherwise. A 30 day notice is required.

**Semi-Annual or Annual Payments with a Credit Card**

Type of Card:  American Express  Discover  MasterCard  Visa

Name as it appears on the card \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ - \_\_\_\_ Security code (see back of card) \_\_\_\_\_

Signature \_\_\_\_\_

**Semi-Annual or Annual Payments by Check**

Checks should be mailed to the following address:

Attn: Linda Stevens  
 Greater Omaha Chamber  
 1301 Harney St.  
 Omaha, NE 68102

**Monthly Payments with a Credit Card**

Authorization Agreement for Preauthorized Payments

Company Name \_\_\_\_\_

I (we) hereby authorize the Greater Omaha Chamber of Commerce, hereinafter called Company, to initiate debit entries to my (our) credit card indicated below to debit the same to such account.

Credit Card:  American Express  Discover  MasterCard  Visa

Name as it appears on the card \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ - \_\_\_\_ Security code (see back of card) \_\_\_\_\_

Signature \_\_\_\_\_

The authority is to remain in full force and effect until Company and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Authorized Signature \_\_\_\_\_ Authorized signature \_\_\_\_\_  
 \_\_\_\_\_ (If applicable)

Name(s) \_\_\_\_\_

Date \_\_\_\_\_

**Monthly Payments with a Checking/Savings Account**

**We must have the following:**

- A check for your first month's payment,
- A voided check for processing, and
- The following authorization form completed.

Authorization Agreement for Preauthorized Payments

Company Name \_\_\_\_\_

I (we) hereby authorize the Greater Omaha Chamber of Commerce, hereinafter called Company, to initiate debit entries to my (our) savings or checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

The authority is to remain in full force and effect until Company and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Authorized Signature \_\_\_\_\_ Authorized signature \_\_\_\_\_

Name(s) \_\_\_\_\_ (If applicable)

Date \_\_\_\_\_