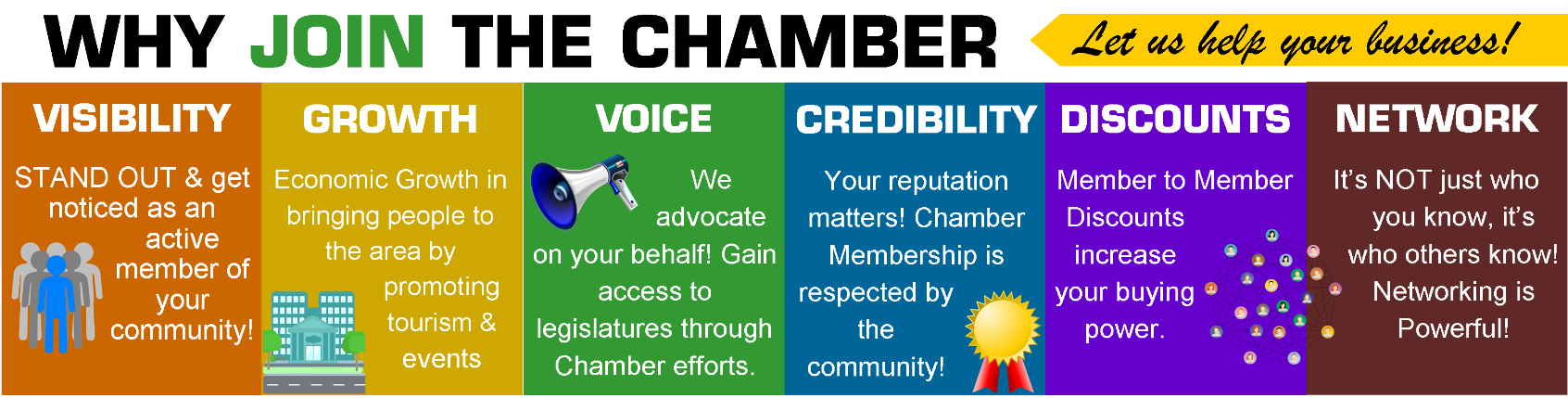


**SCC MEMBERSHIP APPLICATION**

Membership Form and Dues must be received by **January 31, 2021**

to ensure listing in the 2020 Saipan Chamber Website Directory.

Suite 413, Marianas Business Plaza - P.O. BOX 500806 Saipan MP, 96950 – PH: (670) 234-7150 – FAX: (670) 234-7151



**Please fill out all categories to the best of your ability.**

***ANNUAL MEMBERSHIP DUES / 2021***

Category selection is determined by the gross income as reported on company 2020 BGRT. All annual gross income information is confidential and will not be shared.

\_\_\_\_\_ Cat. A (Under $250K).………………………. $300

\_\_\_\_\_ Cat. B (Under $600K).……………….……… $500

\_\_\_\_\_ Cat. C ($600K - $1M).………….…………… $1,000

\_\_\_\_\_ Cat. D ($1M - $5M).…………………….…… $2,000

\_\_\_\_\_Cat E (Over $5M +).…………………………. $3,000

\_\_\_\_\_**Non- Profits** ………….…………………………. $300

\_\_\_\_\_**Government** ………….………………………… $300

\_\_\_\_\_**Associates (Individuals)** …………………. $300

\_\_\_\_\_**Start-up Business**….…………………………. $0

For businesses operating less than one (1) year. Business start

date is reflected on CNMI-stamped Articles of Incorporation.

**COMPANY INFORMATION** Year of Initial Membership: \_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Company Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY MAIN SCC CONTACT**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASONS FOR JOINING THE CHAMBER**:  
\_\_\_\_ Grow My Business \_\_\_Insurance/Benefits \_\_\_\_ Legislative/Advocacy

***CHAMBER DISCOUNT PROGRAM:***

Please indicate if your company is willing to offer discounts or specials offers to our membership representatives:

\_\_\_Chamber Member Discount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Active/Veteran Military Discount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Interested but need more information?

\_\_\_\_Training \_\_\_\_ Networking \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERESTED IN SCC:**

\_\_\_ Healthcare \_\_\_Trainings \_\_\_ Saipan Young Professionals \_\_\_Committees \_\_\_\_Printing Rates \_\_\_\_Room Rental Rates

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**2021 SPONSORSHIP & ADVERTISING ORDER FORM**

***Customize your Sponsorship!*** To maximize your involvement with the Chamber, we offer a variety of sponsorship and advertisement opportunities. SCC will contact your company to confirm and review terms pertaining to each selection before invoicing.

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***ADVERTISING WITH SAIPAN CHAMBER***

Year-Round Monthly Newsletter and Website Advertisement & Listing

***­­NEWSLETTER ADS*** *(print/per issue)*

\_\_\_\_\_\_ Banner ……………………………………………………………………….……$50

\_\_\_\_\_\_ 1/8 Page …..........……………………….……………………………….……$10

\_\_\_\_\_\_ ½ Page .…………………………………………………………………….……$20

# Issues Total \_\_\_\_\_\_\_ x $\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_

***WEEKLY NEWSLETTERS*** *(per email)*

\_\_\_\_\_ Banner Ad …………………………………………………………………….…. $50

\_\_\_\_\_ Banner Ad …………………………………………………………………….…. $50

***WEBSITE ADS*** *(per month)*

\_\_\_\_\_ Banner Ad …………………………………………………………………….…. $100

# Months Total \_\_\_\_\_\_ x $\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_

***WEBSITE LISTING*** *(per year)*

\_\_\_\_\_Enhanced Listing…………………………………………………………………. $50

(1) Member page header (2) Member page logo (3) 1600-character description (4) 5 bullet points that can link to different pages of member website (5) Ability to show a YouTube video and 8 photo slide show. (6) Shows any current Hot Deals or Job Postings (7) Enhanced map pin.

**\*\*\* Standard Listing: COMPLIMENTARY**

Advertising Sub Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***GMM SPOTLIGHT***

*\_\_\_* ***GMM & Newsletter******Spotlight*** *…………………………………….….…. $150*

Includes 5-minute presentation to general membership, highlight GMM & Newsletter Spotlight; limited on a first-come, first-serve basis

\_\_FEB \_\_MAR \_\_APR \_\_MAY \_\_JUL \_\_AUG \_\_SEP \_\_OCT

# Months Total \_\_\_\_\_\_\_\_ x $\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_

***CHAMBER’S SIGNATURE EVENTS***

**General Disclaimer:**

This form does not finalize your commitment to the selected signature events. SCC staff will contact your company with due diligence for the selection made herein. Your company will not be invoiced until communicated 30 days before scheduled event dates.

***BUSINESS PERSON OF THE YEAR***

***Saturday, January 31***

\_\_\_\_ Silent Auction Sponsor

\_\_\_\_ In-Kind Event Sponsor

\_\_\_\_ Nominee Ticket Sponsor (+ 1).……………….…. $200

\_\_\_\_ Event Sponsor …………….……………………………. $500

\_\_\_\_ Table Sponsor (8 tickets) ……………………….…. $800

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub Total:

***ANNUAL GOLF TOURNAMENT***

\_\_\_ **EAGLE** Sponsor & Hole in One Prize ……………$1000

Please select your preferred hole option:

\_\_\_#3 \_\_\_\_#7 \_\_\_\_#13 \_\_\_\_#17

\_\_\_ **BIRDIE** Sponsor & Optional Play Prize.…………$750

Please select your preferred hole option:

\_\_\_ #18 \_\_\_#9 \_\_\_#3 \_\_\_#7 \_\_\_#13 \_\_\_#17

\_\_\_ **PAR** Sponsor $500

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub Total:

***ADVERTISEMENT & SPONSORSHIP:***

The anticipated total is a projection of your involvement to the chamber and is not an official billing. SCC will contact your company to confirm and review terms pertaining to each selection before invoicing.

***\*ANTICIPATED TOTAL: \_\_\_\_\_\_\_\_\_\_***



**ACCOUNTABILITY FORM**

**PLEASE REMIT ALL 2021 MEMBERSHIP DUES PAYMENT BY FEBRUARY 3, 2021.**

Payments can be made 1) by mailing a check to P.O. Box 500806 CK, Saipan, MP 96950, 2) over the phone by credit card (please see attached authorization form) 3) direct deposit through First Hawaiian Bank or (4) visit the Saipan Chamber of Commerce Office at the Marianas Business Plaza in Susupe, 3rd Floor - Suite 413.

Suite 413, Marianas Business Plaza - P.O. BOX 500806 Saipan MP, 96950 – PH: (670) 234-7150 – FAX: (670) 234-7151

**Promise of Timely Payment**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Name of Business/Establishment*) **promises to pay to the order of the Saipan Chamber of Commerce all invoices within 30 days of invoice issue date.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Main Contact’s Name*)**,** **as representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Name of Business/Establishment*)**, understand that by not making timely payments on invoices, my business/establishment will be subject to the collection attempts as designated in the Saipan Chamber of Commerce by-laws, which as of 6/19/19, include the following:**

*“Collection attempts with amounts due to the Chamber shall follow the following policy:*

* *After thirty (30) days, a notice of late amounts due will be sent to the member.*
* *After sixty (60) days, a final notice of amounts due will be sent to the member.*
* *After ninety (90) days, the Board of Directors shall vote to determine expulsion*

*of the member for non- payment of dues.*

* *In the event of a delinquent account, and the Board votes to retain that member,*

*full payment of all amounts due within 15 days of the Board vote is requirement of*

*retaining membership. Members with delinquent accounts after such time shall*

*automatically be dropped from membership.”*

I understand the above policies, and intend to remain in good standing by paying all invoices within 30 days of receipt.

Main contact signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING INFORMATION:**

**Send Invoices to:**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING OPTION:** Annual  Semi-Annual Quarterly

\*\*\*A CURRENT BUSINESS LICENSE, A BUSINESS CARD, AND DUES PAYMENT MUST ACCOMPANY THIS APPLICATION FOR NEW MEMBERSHIP APPLICATIONS. EACH MEMBERSHIP APPLIES TO ONE ENTITY ONLY. MEMBERSHIP RENEWALS DO NOT REQUIRE DOCUMENTS \*\*\*