



Criteria for Membership

In order to be considered for Membership in the Okemo Valley Regional Chamber of Commerce a person or business must maintain a professional license or be registered with the Vermont Secretary of State, and/or have a Federal Taxpayer ID. The business must support the Chamber, embody the spirit of the Chamber’s Mission Statement, and demonstrate a desire to promote and support the activities of the Chamber.

Chamber Mission Statement

Okemo Valley Chamber of Commerce is a Not For Profit, Member-driven organization dedicated to the support and growth of our seven valley business communities; Andover, Cavendish, Chester, Ludlow, Mount Holly, Plymouth & Weston. Support and education of our members, combined with the unified marketing effort, will provide for the promotion and enhancement of our regional businesses and four-season economy.

Membership Dues

Determined by # of people who work in the business.

Full time staff: Any person who works substantially full time (including owners).

Seasonal or Part Time Workers: Counted as 1/3 of a full time staff person.

Step #1: Determine Adjusted Staff (Owners Included):

Full Time =

Part Time (divide by 3, round down) =

Adjusted Staff Number (add 2 numbers above) =

Step #2: Find your Annual Share Dues: (Based on Adjusted Staff):

1 & 2 adjusted staff: \$250	3 adjusted staff: \$285
4 adjusted staff: \$320	5 & 6 adjusted staff: \$410
7 & 8 adjusted staff: \$430	9 & 10 adjusted staff: \$460
11 or more adjusted staff: \$460 , plus \$8 per adjusted staff over 11	

Feel free to contact Chamber for assistance in determining adjusted staff.

Annual Dues: \$ + \$20 Membership Set-up Fee = \$ TOTAL



Okemo Valley Regional Chamber of Commerce
2010 Membership Application

Contact Information

Business Name:
Contact Person: Title:
Billing Address:
Town: State: Zip: Phone:
Fax #: Email:
Website:
Physical Address:

Please provide a brief description of your business:

Taxpayer ID # State Lic # Exp.
of Employees: Full Time: Part Time/Seasonal:

Committees I am interested in: Membership Marketing
Nominating Monthly Mixers Educational Programs
Volunteer Programs Newsletter Visitor Center Volunteer

Signature: Date:

For Office Use Only

Member Category: Full Member Associate Member Affiliate Member
Type: New Renewal Approved Date Prorated Dues Months
Adjusted Staff: Yearly Dues Amount: Adjusted Dues:
Method of Payment: Check Check Number Credit Card
Credit Card # exp date
Membership Committee Review Date: Status: