



**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**

The Okemo Valley Regional Chamber of Commerce (OVRCC) is a not-for-profit, member-driven organization. It is the voice of its members and the business communities in the towns of Andover, Cavendish, Chester, Ludlow, Mount Holly, Plymouth and Weston, Vermont. We provide advocacy, support, and unified regional marketing, to promote and enhance 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

**Non-Profit Rate:** **\$125**

**P. O. Box 333, Ludlow, VT 05149 \* 802-228-5830 phone \* 802-228-7642 fax**

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

**We accept MC/Visa/Discover cards or online through paypal.**



Okemo Valley Regional Chamber of Commerce
2012 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:

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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: