

Seward Chamber of Commerce, CVB

New Member Form - Business Directory Information

Membership Year: September 1 through August 31

Basic Member Information

The information you provide in this section will be printed in our published Destination Guide and online Business Directory. This is how customers will find and contact you.

Company/Organization/Name: _____

Mailing Address: _____

Physical Address: _____

Phone (land-line OR cell): _____ Toll Free: _____ Fax: _____ AK Bus. Lic. # _____

Website address: _____

E-Mail: _____

Primary Category (from list below): _____

Additional Printed Categories (\$100 EACH as space permits): _____

Additional Online Categories (\$50 EACH): _____

CATEGORY SELECTIONS:

Bed & Breakfast*	Booking & Travel Agency	Accounting/Book Keeping	Grocery/Liquor/Gas
Cabin/Cottage	Visitor Information**	Advertising/Publishing	Insurance Agencies
Campground/RV Park		Attorneys	Laundry & Alterations
Hostel	Art Gallery	Auto Sales and Service	Library
Hotel/Motel	Attraction	Banking and Financial	Marine Support Services
Lodge	Day Cruise – Glacier/Wildlife	Boat Brokers	Massage & Spa
Remote Cabin	Dog Sledding	Boat Repair/Storage	Medical Care & Hospital
Vacation Rental	Fishing	Building Inspections	Natural Resources
Other Community	Fitness Center	Building Supplies	Newspaper
	Flightseeing	Churches	Office Supplies
Coffee House	Horseback Riding	Commercial Fishing & Processing	Organizations/Associations
Lounge/Bar	Museum/Cultural	Computer Programming & Internet	Parking
Restaurant	Overnight Cruises – Glacier/Wildlife	Concrete/Gravel	Photography
	Package Tours	Construction	Plumbing & Heating
Air Charters	Rafting	Education/Research	Real Estate
Bicycle Rental/Sales	Sailing	Electricians	Refuse Collection
Boat Rental	Scuba Diving	Engineering-Civil	Social Services
Car Rental	Sea Kayaking	Equipment Rental	Telecommunications
Ground Tours & Transportation	Shopping	Florist	Title Insurance
Railroad	Snowmachining	Government Agencies	Transportation - Land & Sea
Taxi	Theater		Freight
Water Taxi			Veterinary Services

*must offer breakfast 7 days a week, inclusive in rate

**Only Chambers & CVBs are eligible

Membership Contact Information [For Chamber Use Only]

Please be sure to provide us with a good e-mail address so that you can receive our electronic newsletter, invitations to Chamber events, information regarding marketing opportunities, and issue-based membership polls. We will not share the following information with anyone.

Name(s) and Title: _____

Mailing Address: _____

Phone (land-line OR cell): _____ E-Mail: _____

Membership Selection

Please circle the appropriate investment level for your business.

Business Level 1 (1-4 employees)	\$150	Non-Profit 501(c)3 Organization	\$100
Business Level 2 (5-9 employees)	\$200	Chamber/CVB	Reciprocal
Business Level 3 (10 or more employees)	\$400	Individual Member (Non-Owner)	\$55
Economic Development Partner	\$750		

Opt-In Marketing Programs

Chamber members may participate in a variety of marketing programs, tailored to the needs of small businesses. Please complete the following section for any marketing programs in which you would like to participate.

	Subtotal For Each Selection
Additional Print Categories (from front page) (\$100 each)	\$ _____
Additional Web Categories (from front page) (\$ 50 each)	\$ _____
Web Hotlink (\$50 each; includes primary category AND all extra web categories)	\$ _____
Availability Calendar (\$50 per year)	\$ _____
ASLC/Cruise Terminal Distribution (\$25 May-Sep only)	\$ _____
Additional Rack Card Space in Visitor Center (\$50 per year as space permits)	\$ _____
Visitor Leads Retrieval (\$120 per year)	\$ _____
Premium Web Ad (\$500 per year; Main Directory page, first-come, first-served)	\$ _____
Featured Web Ad (\$300 per year; Visit Seward, About Seward, Category pages)	\$ _____
Value Web Ad (\$100 per year; Services, Relocation, Business pages)	\$ _____
TOTAL	\$ _____

Payment Information

Membership Selection (from above)	\$ _____
Total Opt-In Marketing Programs (from above)	\$ _____

TOTAL DUE TO CHAMBER \$ _____

Circle One: Cash Check Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Cardholder Signature: _____ Date: _____

Additional Printed Categories (\$100 EACH as space permits): _____

Please Complete Both Sides of This Form and Return To:

Seward Chamber of Commerce, CVB

By Mail: PO Box 749, Seward AK 99664

By Fax: (907) 224-5353

In Person: 2001 Seward Highway, Seward AK 99664

If you have any questions, feel free to contact our Membership Program Coordinator at 907-224-8051 or chamber@seward.net