



Women's Chamber of Commerce of Nevada[®]

Nevada State Chamber is nonprofit & nonpartisan 501(c) 6
NEVADA STATE HEADQUARTERS

Mailing Address: 4441 Zev Court | Las Vegas | NV | 89121
702.733.3955 | Hours: 9AM to 5PM PST | Days: M-F

wccnv2@womenschamberofnevada.org | www.womenschamberofnevada.org



WCCNV Legacy Foundation[®] [Scholarships for "At Risk" high school students for Higer Education]

2024 MEMBERSHIP APPLICATION

Small Levels: 1099 Individual | Small Business | Small Nonprofit City/State/County or Government | Small Organizations

PRINT: Business Information (required)

Firm Name: _____ Type of Industry: _____

Owner: _____ Years in Business: _____

Designated Member: _____ Title: _____

Physical Address: _____ Suite: _____

City/State: _____ Zip (+4): _____

Business#: _____ Extension: _____ Fax: _____

Direct Line: _____ Cell: _____ 800: _____

Email Address: _____ **Website:** _____

PERSONAL INFORMATION: (must fill out) PRINT (if different from above)

Office use only (No P.O. Box)

Home Address: _____ Apt: _____

City/State/Zip: _____

Home # _____ Cell: _____

IMPORTANT: FOR FUTURE BUSINESS LOANS | GRANTS | CERTIFICATIONS

Number of permanent (full-time) employees: _____ Part Time: _____

Causes you support: _____

Are you a Minority owned business (if so) Type: _____ Owned by a women (if so %) _____

If 100% **are you certified?** _____ (If not, do you want to be?) Yes No **Business class-Circle one:** Corporation,

Home/W/LIC, Non-Profit, LLC, DBA Only, Franchised, 1099 only | **Personal Demographics:** (Personal demographics are

for census research only-confidential) (Year of Birth): _____ (MDYY) - Race/Ethnicity: _____

if minority do you want to be listed that way for grant purposes? _____

How do you prefer to be contacted about urgent business issues and upcoming events?

Fax E-Mail Mail All

REASONS YOU JOINED (please check all that apply)

- To support women Networking Ambassador Educational Opportunities Leads/Referrals Serve on a committee
 Volunteer Award Programs Benefits & Discounts Resources Connections Community Involvement

What Committee would you like to serve on (Must be Small Business Advantage Member ON UP)

Membership Government Affairs Diversity Committee

Signature: _____ Date: _____

Referred By Name: _____ Date sold: _____

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2023 Member Registration Application (Page 2 of 2)

Annual Investment: A Cost of living will increase to 15% by January 2024. Take advantage of this offer and join before the end of December 2023 and your rates will remain the same as long as you are a member.

- Individual only Proof of 1099:** \$179+ Admin Fee \$25 - Basic benefits package (*In personal name only*).
- Small Government, Small Nonprofit, Small Women's Organizations etc.**
\$299+ \$25 Admin Fee - (0-2 employees (*Basic*) may serve on committees.
- Small Business** (0-5 employees) \$399+ Admin Fee \$35 (may serve com committees)
To serve on a board, you need to be Executive, Corporate and Presidential Circle Member
call the chamber office 702.733.3955

EXTRA BENEFITS

- The Entrepreneur Club (Referral/Leads Group) - Small business owners only
Upon approval (Free to Small Business Owners ((0-5 employees on up)).
- Women in Entertainment, Film, TV, Media** (Radio-Print/Digital)
FREE to WCCNV Small Business on up (Upon approval).

PLEASE READ

- Your Membership is a business investment, so it's considered a business tax deduction.
- One person (designated member) represents the firm (unless you are a corporate member).
- Annual Member Renewals will be billed automatically the 1st day of the month you joined.
- One time administration fee of \$25 (non-refundable).
- Charge backs not accepted for those paying their dues by cash, credit card or check.
- Member Registration: WCCNV may be revoked according to the terms set forth in its Bylaws.
- Membership continues unless the chamber receives a written cancellation letter from the member via US Mail.

Payment:

Annual Dues: \$ _____

Admin Fee (One time): \$25.00

Total Due: \$ _____

***** ATTENTION *****

Fill & Sign this form then email to:

membership@womenschamberofnevada.org

ONLINE:

www.womenschamberofnevada.org/membership-benefits

PAYING BY CREDIT CARDS

Please check one: Master Card Visa AE Discover

Credit Card# _____ Exp Date: _____ V-Code: _____

Name on the card (PRINT): _____

Billing address: _____ Suite: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____ Date signed: _____

Office use only:

WCCNV Member Registration Number: _____ Date Assigned: _____

WCCNV Rep/Member: Women's Chamber _____ Date Sold: _____