



Membership Application

Business/Member Name: _____

Main Company Contact Name: _____ Title: _____

Business (Physical) Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone: _____ Toll-Free: _____ Fax: _____

Business Email: _____

Business Website: www. _____

Facebook: facebook.com/ _____

Linkedin: linkedin.com/ _____

Billing Contact Name: _____ Title: _____

Billing Contact Email: _____

Billing Address (if different): _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Primary reason for joining the Chamber: _____

Please choose the category that best applies to your business / organization:

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate, Moving & Storage |
| <input type="checkbox"/> Agriculture, Fishing & Forestry | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Industrial Supplies & Services | <input type="checkbox"/> Restaurants, Food & Beverages |
| <input type="checkbox"/> Automotive & Marine | <input type="checkbox"/> Legal | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Lodging & Travel | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Computers & Telecommunications | <input type="checkbox"/> Manufacturing, Production & Whole Sale | <input type="checkbox"/> Tourism Resources and Information |
| <input type="checkbox"/> Construction Equipment & Contractors | <input type="checkbox"/> Office Equipment & Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family, Community & Civic Organizations | <input type="checkbox"/> Personal Services & Care | <input type="checkbox"/> Wineries / Wine Industry |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Pets & Veterinary | |
| <input type="checkbox"/> Government, Education & Individuals | <input type="checkbox"/> Public Utilities & Environment | |

Brief description of business / organization: _____

Signature: _____ **Date:** _____

This form must be signed and accompanied by full payment in order to process application. Please see Membership Investment Worksheet to reference or calculate membership rate.