

MEMBERSHIP APPLICATION

Date:

Yes! I want to invest in the future of the Valley by supporting the Chamber's programs dedicated to supporting economic development and serving as a voice for all businesses in our region.

Primary Contact Name: Position: Location Address:	Business Name:			Established:
City:	Primary Contact Name:		Position:	
Billing Address (if different): State: Zip: City:	Location Address:			
City:	City:		State:	Zip:
Main Phone: Contact Direct Phone: Fax: Cell Phone: Company email: Contact email: Business Web Address: http://www. Social Links: Facebook: LinkedIn; Dote and the period of th	Billing Address (if different):			
Fax: Cell Phone: Company email: Contact email: Business Web Address: http://www. Social Links: Facebook: LinkedIn: Other: Business Category (Please note our formula is similar to the yellow pages.):	City:		State:	Zip:
Company email: Contact email: Business Web Address: http://www. Social Links: Facebook: LinkedIn: Other: Business Category (Please note our formula is similar to the yellow pages.): Other: Image: Contact email: Number of Employees: Full-Time: Part Time: (2 Part-Time = 1 Full-Time) Does your profession require that you have a license or certification? Yes No If yes, please include license number and copy of current filing. License Number: Mo Additional Contacts to receive Chamber Information: Name: Position: Image: Position: Direct Phone: email: email: Image: Position: Image: Position: Direct Phone: email: Image: Position: Image: Position: Image: Position: Investment Amount: \$	Main Phone:	Contact Direct F	hone:	
Business Web Address: <a href="http://www</td><td>Fax:</td><td>Cell Ph</td><td>one:</td><td></td></tr><tr><td>Business Web Address: <a href=" http:="" td="" www<=""><td>Company email:</td><td> Contact email:</td><td></td><td></td>	Company email:	Contact email:		
Business Category (Please note our formula is similar to the yellow pages.):				
Number of Employees: Full-Time: Part Time: (2 Part-Time = 1 Full-Time) Does your profession require that you have a license or certification? Yes No If yes, please include license number and copy of current filing. License Number:	Social Links: Facebook:	LinkedIn:		Other:
Does your profession require that you have a license or certification? Yes No If yes, please include license number and copy of current filing. License Number:	Business Category (Please note our form	ula is similar to the yellow	pages.):_	
If yes, please include license number and copy of current filing. License Number:	Number of Employees: Full-Time:	Part Time:		2 Part-Time = 1 Full-Time)
Name: Position: Direct Phone: email: Investment Amount: \$ + \$25 (one time admin fee) = Total Amount Due: \$ Payment Type: Check (#) MC Visa Amex Discover Monthly ACH (ask staff for details) I hereby apply for acceptance as a Member of the Greater Valley Chamber of Commerce. I understand that membership i continuous unless cancelled in writing. For federal income tax purposes, membership in the Greater Valley Chamber of Commerce, as well as any other payments to the Chamber, may be deductible, as ordinary and necessary business expense and not as a charitable contribution. I hereby accept the terms and conditions above and am authorized to sign for the applicant.	If yes, please include license number and Additional Contacts to receive Chamber Name:	d copy of current filing. Li Information: Position	cense Nun n:	nber:
Payment Type: Check (#) MC Visa Amex Discover Monthly ACH (ask staff for details) I hereby apply for acceptance as a Member of the Greater Valley Chamber of Commerce. I understand that membership i continuous unless cancelled in writing. For federal income tax purposes, membership in the Greater Valley Chamber of Commerce, as well as any other payments to the Chamber, may be deductible, as ordinary and necessary business expense and not as a charitable contribution. I hereby accept the terms and conditions above and am authorized to sign for the applicant.	Name:	Position	n:	
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Signature: Title:	continuous unless cancelled in writing. For Commerce, as well as any other payment and not as a charitable contribution. I he applicant.	or federal income tax purp ts to the Chamber, may be reby accept the terms and	ooses, mer e deductib l conditior	mbership in the Greater Valley Chamber of le, as ordinary and necessary business expenses as above and am authorized to sign for the
	Signature:		Title:	

Membership Investment Schedule		
Select	Annual Dues Amount	
	\$370 (Solopreneur)	
	\$395 (2-5 Employees)	
	\$450 (6-10 Employees)	
	\$580 (11-20 Employees)	
	\$735 (21-30 Employees)	
Contact Laura	Over 30 employees, Banks, Universities, & Utilities	