WASHINGTON AREA CHAMBER OF COMMERCE

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WASHINGTON AREA CHAMBER OF COMMERCE
APPLICATION FOR MEMBERSHIP

Name of Business/Organization/Individual_____

Type of Business •Industrial ____ • Retail/Professional ____ •Individual/Organization____

Nature of Business or Mission of Organization_____

_____

Physical Address_____
STREET CITY STATE ZIP

Mailing Address_____
(IF DIFFERENT) STREET CITY STATE ZIP

Business Phone (____)_____ext._____ Fax (____)_____

E-Mail Address_____Web Site Address_____

I prefer to receive Chamber information by (Check One) U.S. Mail _____ Fax_____ Email_____

Name of individual who will represent your business/organization_____

Please select a level below and write in the appropriate annual dues.

☐ *Associate Level* –Not For Profit/Retired Individual	$ 75
☐ *Level 1* -- 1 to 10 employees	$150
☐ *Level 2* -- 11 to 50 employees	$250
☐ *Level 3* -- 51 to 100 employees	$350
☐ *Level 4* – 101 to 150 employees	$475
☐ *Level 5* – 151 to 200 employees	$600
☐ *Level 6* – 201 or more employees	$750

*Two part-time employees equals one full-time employee.

New members must pay in full for the remainder of the year in which they join. Joining in a month other than January will pro-rate your dues for the first year.
Amount included with application $_____

Invoice for dues will be received in December for each upcoming year.
Please bill me: Annually___ Quarterly___

Signature_____Date_____