



MEMBERSHIP APPLICATION

Welcome! Please tell us about your business:

Company Name _____ Date of Application _____

Physical Address (published in public directory) _____

Mailing Address _____

Phone _____ Fax _____

Company E-mail _____ Website _____

*Main Contact Name _____ Title _____

**Main Contact is listed in Chico Chamber public directory and receives all Chico Chamber mailings and e-Communications*

Total number of employees: Full time _____ Part-time _____ Online Directory Category 1 _____

Business Description (will be displayed on chicochamber.com) _____ Online Directory Category 2 _____

Please Choose Your Membership Type & Level Below:

Business Membership: Basic \$450 Enhanced \$600

Individual** **Non-Profit** **Affiliate Business***:** Basic \$250 Enhanced \$350

***An individual is considered a sole proprietor with no employees or an independent associate whose parent company is already a member.*

****Affiliate Business Membership applies to businesses with the same name and owner that are current Business Members of the Chamber.*

Community Impact Partner: Looking for a higher level of involvement? Select this box to have our Membership Services Manager contact you to discuss partnership opportunities.

Contacts to Receive Chamber & YPO e-Communications:

Please list e-mail addresses you would like to receive e-Communications from the Chico Chamber and/or Young Professionals Organization.

*Main Contact E-mail _____ Chamber YPO

2nd Contact E-mail _____ Chamber YPO

3rd Contact E-mail _____ Chamber YPO

4th Contact E-mail _____ Chamber YPO

Contact the Chamber directly to make any changes or additions. The Chico Chamber does not sell e-mail addresses of its members.

Primary Reason(s) you are joining the Chico Chamber of Commerce:

Business Advocacy Business Development Business Education Chamber Events
 Member Benefits Marketing/Visibility Business Connections Other

All Members of the Chico Chamber of Commerce must adhere to a Code of Conduct available for review on ChicoChamber.com

Payment Information:

Cash/Check Credit Card (# required on file for payment plans; Dues will be charged by the 5th of the month, see reverse side)

Name on Card _____ Billing Address _____

Credit Card # _____ Exp. Date ___/___ Or, Check # _____

Authorized Signature _____ Credit Card 3-Digit Security Code _____

FIRST-YEAR PAYMENT PLAN TERMS & CONDITIONS

By signing below, you agree to pay your New Membership in full within four months of your join date: up to four monthly payments with minimum initial investment of \$50. Your credit card number, completed on reverse side, will be kept on file and will be charged the amount(s) listed below by the 5th day of each consecutive month. Memberships not paid in full within four months of the join date will be discontinued. Receipts will be sent upon request.

Annual payment plans for additional years of membership are also available upon request.

\$ _____ **Join Payment**

\$ _____ **Second Charge**

\$ _____ **Third Charge**

\$ _____ **Fourth Charge**

Total Paid \$ _____

Member Signature _____ **Date** _____

Chamber Signature _____ **Date** _____