

DUNSMUIR CHAMBER OF COMMERCE & VISITORS CENTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name:		
Business Description	Years in business:	
Owner(s)		
Location Address:		
City:	State:	ZIP Code:
Mailing Address:		
Contact Person:	Phone #	Fax #

ELECTRONIC CONTACT INFORMATION

Cell Phone:	
Website:	
E-mail Address:	
Facebook:	
Alternate:	

MEMBERSHIP LEVEL



- Platinum (\$500) (Maximum benefit package)
- Gold (\$350)
- Silver (\$250)
- Basic Business (\$100)
- Second business (\$50)
- 501 (c) 3 (\$50)
- Individual (\$35)

ALL DUES ARE FOR 12 MONTHS.
 DUES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
 DUES ARE NOT TAX DEDUCTIBLE AS A CHARITABLE CONTRIBUTION BUT MAY BE
 DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE

METHOD OF PAYMENT

Check Cash

Credit Card # _____ Expiration Date: _____

Authorizing Signature: _____

REQUEST A RIBBON CUTTING FOR YOUR BUSINESS

DUNSMUIR CHAMBER OF COMMERCE

5915 Dunsmuir Avenue Dunsmuir CA 96025		PO Box 122 Dunsmuir CA 96025
530-235-2177	800- Dunsmuir	Fax: 530-235-0911
www.dunsmuir.com	e-mail: director@dunsmuir.com	

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