APPLICATION APPLICANT INFORMATION Company Name: **Business Description** Years in business: Owner(s) **Location Address:** ZIP Code: City: State: 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 FROM JULY 1 THROUGH JUNE 30. DUES ARE NON-REFUNDABVLE 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 \Box 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 e-mail: director@dunsmuir.com www.dunsmuir.com **CONTINUED ON BACK SIDE**

DUNSMUIR CHAMBER OF COMMERCE & VISITORS CENTER MEMBERSHIP

Page 2.
As part of your membership package you enjoy a free website listing of your company Please provide a 35 word description of your company and a photo or logo.
Attach Photo or Logo here: or email a photo to the Chamber



Dunsmuir.com