



MEMBERSHIP APPLICATION

"Your Partner in Business"

Business Name _____

Primary Contact _____ Secondary Contact _____

Business Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Alternate Phone _____ Website _____

Primary Email _____ Secondary Email _____

Business Category (for your directory listing) _____

Please see our member directory at www.merced-chamber.com for listing categories

To add additional employees and their contact information to your membership, please provide their separate sheet.

Fee Schedule

Number of Employees: F/T _____ P/T _____
 (Two part-time employees equal one full-time employee)

Annual Investment Schedule

Number of Employees.....	Rate
1—2	\$200
3—5	\$230
6—9	\$255
10—14.....	\$285
15—24.....	\$360
25—49.....	\$445
50—99.....	\$535
100+	\$740
Associate (Individual / Retired).....	\$130
Home Based Business.....	\$140
Non-Profit Organization.....	\$200
REGISTRATION FEE (one time only).....	\$45
MEMBERSHIP INVESTMENT TOTAL _____	

Please return a copy of this form with your payment

Payment Information

Your membership is on a continuous annual basis until cancelled by you. Membership dues will automatically renew yearly, and are non-refundable. _____
 (Please initial that you are aware and agree)

This membership investment may be tax-deductible as a business expense. Tax ID #94-0675250

Check or Credit Card

Card Number _____

Name On Card _____

Expiration Date _____

Signature _____

Please send me a receipt of payment upon receipt