



MEMBERSHIP APPLICATION

13150 Seventh Street, Chino, California 91710

(909) 627-6177 Fax (909)-627-4180

www.chinovalleychamber.com TAX I.D. #95-1807647

PLEASE PRINT CLEARLY

Member/Business Name: _____ Phone: _____

Street Address: _____ Fax No: _____

City/State/Zip: _____ E-Mail: _____

Primary Representative*: _____ Website: _____

(*If additional contacts are desired, add \$50 per contact to cover additional annual postage and mailing expense.)

Mailing Address (if different from above): _____

Billing Contact (if located at different address): _____

Membership Type: Regular Business Service Club, Church or Charitable Organization Individual (no business affiliation)

Business Directory Classification (Your primary product or service*): [Tip: What would you be listed under in the Yellow Pages?]

**Basic membership fee includes listing in Business Directory and Website Directory under one classification only. Additional listings under other classifications are available at \$50 per category.*

SIGNATURE OF APPLICANT: _____ Date: _____

2010 Membership Rates

Individual (no business affiliation):	\$165
Service Club, Church or Charitable Organization:	\$165
Basic Small or Home-Based Business (1-10 employees):	\$295
Medium Business (11-50) or Bank or Professional Office:	\$325
Large Business (51-100), or Department Store/Supermarket/Medical Center:	\$350
Mega Business (101-300), or Small Manufacturer or Hospital:	\$395
Large Manufacturer, Utility, Municipal Government:	\$450

Annual Basic Membership Investment (from above)* \$ _____

Plus one-time Processing Fee \$25

Plus Additional Contact or Classification Fees (if any)
at \$50 per contact or classification \$ _____

Total Membership Investment \$ _____

For a complete explanation of membership rates and benefits, please contact:
Tricia Duffy, Membership Services Representative, 909/627-6177
or via e-mail at admin@chinovalleychamber.com
Membership Rates Subject to Change Without Notice

Payment Information

Check (No. _____) Visa
 MasterCard Discover American Express
If Credit Card, please complete the following:

Name As It Appears on Card (please print clearly):

Acct. No: _____

Card Exp. Date: ____/____

Three-digit code from card reverse side _____

(required by merchant card processor for card authentication only)

Authorized Signature: _____

THANK YOU FOR INVESTING IN THE CHINO VALLEY CHAMBER!

The Chino Valley Chamber of Commerce is a not-for-profit 501(c)(6) advocate organization supporting area businesses. Dues paid to the Chamber are not a charitable tax donation for Federal Income Tax purposes, but may be tax deductible as an ordinary and necessary business expense.

For Office Use Only

Sponsor: _____ Credit Card Authorization#: _____ Auth. Date: _____

Input Date: _____ By: _____ Plaque Received: Yes No Photo Taken: Yes No