

Grandview Chamber of Commerce

Membership Update/Application Form

Please return your completed application and payment to:
The Grandview Chamber of Commerce, P.O. 717, Grandview, WA 98930
509 -882-2100

Date _____

Business Name _____ **Business Anniversary** _____

Location _____

Address _____ City _____ State _____ Zip _____

Mailing _____

Address _____ City _____ State _____ Zip _____

Website Address _____ **Business Email** _____

Contact Name/Title _____ **Business Contact** _____

Phone _____

Phone _____

Fax _____

Fax _____

Cell _____

Cell _____

Business Description and Category: In order for your Chamber to best promote your business, please provide a brief description of your business, including most popular services or products, or types of services or products, and any uniqueness. This description will be used in promotional materials to enhance your business in expanded listings, on the Chamber website.

Please list my business under the following categories:

Chamber Communications: Check all applicable options. I authorize the Chamber to send me announcements by: Email and or by Fax

Membership Dues Category (rates may change without notice): *Check one*

Annual Rates

Business

Individual/Non Profit \$35.00 Under 4 Employees \$75.00
4 to 6 Employees \$115.00 7 to 12 Employees \$155.00 Over 12 Employees \$255.00

Your Payment:

Check / money order enclosed \$ _____

Your Signature _____ Name (print) _____

Chamber Use:

____ New Membership
____ Renewal Membership

Pro-rated Dues: _____
____ Reactivation