



PENN VALLEY AREA CHAMBER OF COMMERCE

Please return this form with your 2024 membership dues

Your Name: _____

Your Business / Organization: _____

Type of Business: _____

Name of Contact Person (manager): _____

Business Address: _____

Mailing Address (if different): _____

Contact Phone Number(s): _____

E-mail Address: _____

Web Address: _____

Business Membership, annual fee, \$125.00 (indicate here): _____

Individual Membership, annual fee, \$55.00 (indicate here): _____

Please make check payable to: Penn Valley Area Chamber of Commerce or PVACOC.

Please sign this form: _____

Please date this form: _____

New Members:

Are you interest in a ribbon cutting ceremony: _____

Would you like to have a membership plaque? _____

Mail to:

Penn Valley Area Chamber of Commerce
PO Box 202, Penn Valley, CA 95946