



MEMBERSHIP APPLICATION

Date of Application _____

Company _____

(Circle One)

Contact Name **Mr. /Mrs. /Ms.** _____

Location Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Primary Phone Number _____ Fax _____

Primary E-mail Address _____

Web Site Address _____

Membership Directory Category _____

Membership Sponsor _____

Primary Reason for Joining: Networking Referrals Promote Strong Local Economy

Political Action Other _____

License # for Business Members _____ city or county of _____

Home Based Business Occupancy Use Permit # _____

Signature _____

Membership Investment:

Employees: Full-time _____ Part-time _____

Membership Investment:

Business **\$100.00**
Home Based **\$75.00**
Retired **\$50.00**
One time enrollment fee **\$50.00**

No. of Employees: Full-time _____ Part-time: _____

Investment Amount Enclosed \$ _____

Payment: Cash ____ Check _____

Please mail your completed application with payment to:

Patterson-Westley Chamber of Commerce, PO Box 365, Patterson, CA 95363

www.patterson-westleychamber.org E-mail: info@pattersonwestleychamber.org - 209-894-7900