

MEMBERSHIP APPLICATION

Date of Application		
Company(Circle One)		
Contact Name Mr. /Mrs. /Ms.		
Location Address	City	Zip
Mailing Address	City	Zip
Primary Phone Number	Other	
Primary E-mail Address		
Web Site Address		
Membership Directory Category		
Primary Reason for Joining: □ Networking □ Referrals	□ Promote Stro	ng Local Economy
□ Community Involvement □ Other		
city or county of		
Home Based Business Occupancy Use Permit #		
Signature		
Would you like to have a ribbon cutting? ☐ Yes ☐ N *If yes, please indicate a couple dates and times that you weeks from application date):		se give at least two
Number of Employees: Full-time Part-time		
Membership Investment:Individual\$ 50.00Nonprofit\$ 50.00Home Based\$ 75.00Brick & Mortar Business\$100.00	Investment Amount Enclo	nternal Use Only sed \$ Check Card

Please return your completed application with payment to:

Patterson-Westley Chamber of Commerce, PO Box 365, Patterson, CA 95363 http://www.pattersonwestleychamber.org E-mail: info@pattersonwestleychamber.org 209-894-7900