

# APPLICATION FOR MEMBERSHIP

BUSINESS NAME:

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PRINCIPAL CONTACT: \_\_\_\_\_

ADDRESS/BILLING ADDRESS IF DIFFERENT:

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BUSINESS PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

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DATE JOINED: \_\_\_\_\_

PROCESSING FEE: \$ 20.00 + MEMBERSHIP FEE \_\_\_\_\_

1-5 EMPLOYEES: \$150.00	6-19 EMPLOYEES: \$250.00
20+ EMPLOYEES: \$350.00	GOVERNMENT: \$400.00
UTILITIES: \$400.00	DEVELOPERS: \$500.00

MULTI-USE PROPERTIES/MOBILE HOME PARKS: \$100.00

NON-PROFIT ORGANIZATION: \$75.00  
(SERVICE CLUBS, LODGES, RELIGIOUS ORGANIZATIONS)

INDIVIDUAL: \$50.00  
(NO PROMOTION OF BUSINESS PRODUCE OR ORGANIZATION)

HOME BASED BUSINESS: \$75.00  
(NO CITY LICENSE REQUIRED, EX: AVON, TUPPERWARE, MARYKAY, AND SMALL CHILD CARE)

METHOD OF PAYMENT: CHECK: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_  
(CHECKS MADE PAYABLE TO SAN JACINTO CHAMBER OF COMMERCE)

CARD# \_\_\_\_\_ EXP. \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

I HEREBY APPLY TO JOIN THE SAN JACINTO CHAMBER OF COMMERCE, UPON THE ACCEPTANCE OF PAYMENT, I HAVE RIGHTS AND BENEFITS OF THE MEMBERSHIP

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MEMBER SIGNATURE

DATE