

Membership Application

Catalyst. Convener. Champion.



Company Information

Company Name*: _____ Date: _____

Business/Mailing Address*: _____

City/State/Zip*: _____

Is this a home based address? Yes No (If yes, address will not be published in member directory)

Telephone*: _____ Fax*: _____

Business Category*: _____

Website*: _____ Number of Employees: _____

Facebook Business Page: Yes No Twitter: Yes No

Primary Contact

*This contact information will be listed in member directory

Primary Contact*: _____ Title: _____

E-Mail*: _____

Include primary contact as business representative in member directory: Yes No

Billing Contact (if different)

Billing Company: _____ Billing Contact: _____

E-Mail: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Membership Level (select one) Membership is renewable annually on the anniversary month of initial

Entrepreneur \$361 (1 Category/Location)

Business \$618 (3 Categories/2 Locations)

Corporate \$1,082 (5 Categories/3+ Locations)

Executive \$2,163 (6 Categories/3+ Locations)

Director \$5,408 (7 Categories/3+ Locations)

Visionary \$10,815 (8 Categories/3+ Locations)

Attach
Business
Card
Here

Payment Method (select one)

Check Enclosed VISA MasterCard American Express NEW! Check for automatic renewal

Card #: _____ / _____ / _____ Exp: _____ CCV: _____ Signature: _____

Business Representative Signature _____ Date: _____

Sales Manager Signature _____ Date: _____

Referred By: _____

This document is double sided.

Additional Information

Main Reason for Joining the Regional Chamber:

Networking Education Advocacy Advertising & Marketing Web Presence Member Referrals

Keywords for online directory search:

Additional Contacts: List additional contacts for your business if they would like to receive our e-communications.

Name	Email
_____	_____
_____	_____

Additional Business Locations: Starting with the Business Level membership, multiple business locations can be listed in the membership directory. **Refer to reverse side (Membership Level).**

Additional Locations:

Address: _____

City/ST/Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____

Address: _____

City/ST/Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____

Additional Business Categories: Starting with the Business Level membership, additional business categories can be associated with your business listing in the membership directory. **Refer to reverse side (Membership Level).**

Additional Categories:

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Additional Newsletters: Starting with the Business Level membership, additional copies of the Regional Chamber's monthly newsletter can be mailed to your business.

Name: _____ Title: _____

Address: _____

E-Mail: _____ Phone: _____

I would like to offer a member-to-member discount

Contact me to schedule a ribbon cutting

I would like to visit a LEARN Group

I would like more information about volunteering

FOR OFFICE USE ONLY

WebLink Constant Contact Newsletter
 Social Media VOICE Letter/Email

Staff Initials: _____ Date: _____

Mail Completed Application to:

Tri-City Regional Chamber of Commerce
Attn: Membership Department
7130 W. Grandridge Blvd., Ste. C, Kennewick, WA 99336

Chamber Contact Information:

Elisabeth Holt, Vice President
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