

Membership Application

Company Name: _____

Address to appear on the Web: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

County: _____

Phone: _____

Fax: _____

E-mail: _____

Web Site: _____

Key Contact: _____

Owner/CEO: _____

Parent Co: _____

Business Classification Inform:

This classification is for your listing in the directory and on the web site.
Please make sure all information is accurate.

Please Classify my business as: _____

(Please review directory listings online at www.wenatchee.org)

Membership Information

What is your main reason for joining the Wenatchee Valley Chamber of Commerce?

Advocacy: <input type="checkbox"/>	Business Contacts: <input type="checkbox"/>
Community Involvement:	Educational Opportunities:
Marketing: <input type="checkbox"/>	Other: _____

Payment Information

Number of full time Employees: _____

Annual Membership Investment: _____

Signature of Business Representative _____

Date _____

The Wenatchee Valley Chamber of Commerce annual billing cycle is from January 1st to December 31st.

Please let us know if you need to make special arrangements.

Make checks payable to: Wenatchee Valley Chamber of Commerce

Mail to: PO Box 850, Wenatchee, WA 98807-0850

(509) 662-2116



OFFICE USE ONLY	Initials	Date
New Member Kit		
Email distribution list		
Write on Board		
Add to database		
Send invoice		
Add to web		