



MEMBERSHIP APPLICATION

New Member Renewal

Company Name: _____

Contact Name: _____

Business Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

Website Address: _____

Facebook page name: _____

Business Description: Please describe your business products and services.

Annual Membership Investment

Entrepreneur Level (0 – 5 employees):	\$250	
Championship Level (0- 25 employees):	\$350	
Leadership Level (unlimited employees):	\$500	
Visionary Level (unlimited employees):	\$1,000	Total Membership Dues: \$ _____

Payment Information

Please charge my membership dues to my credit card.

Credit Card Type: _____ Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____

CVC (3-digit security code): _____ Signature: _____

**Check enclosed: Please make check payable to the Yelm Area Chamber of Commerce and mail to:
PO Box 444, Yelm WA 98597**

Thanks for your support! We look forward to working with you.