



MEMBERSHIP APPLICATION

New Member Renewal

Date _____

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

Membership Category: _____

Total Membership Dues: \$ _____

Payment Information

- Check enclosed** *(Please make check payable to the Yelm Chamber of Commerce)*
- Please charge my membership dues to my credit card.**

Credit Card Type: _____ Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ CVC (3-digit security code): _____ Zip: _____

Signature: _____

Thanks for your investment and commitment to our community! We look forward to working with you.

Yelm Chamber of Commerce
PO Box 444
Yelm, WA 98597
360-458-6608
www.yelmchamber.com

For Office Use Only:	
Received: _____	<input type="checkbox"/> Web
Paid: _____	<input type="checkbox"/> Board
<input type="checkbox"/> Cons Con	<input type="checkbox"/> Card
<input type="checkbox"/> Mailing	<input type="checkbox"/> QuickBooks
<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> _____