



ALPINE COUNTY CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Year (Office Use Only): _____

Business Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City/State/Zip: _____

Business Physical Address (if different): _____

City/State/Zip: _____

Business Phone: _____ Alt Phone: _____

Business Fax: _____ Email: _____

Website Address: _____

Membership Level (Please select one):

- Individual Membership/Non-Profit Group:** (*Does not own or operate a licensed business*)
\$45 per year
- Small Business Membership:** (*Single owner with less than 10 employees*)
\$55 per year / One Vote
- Large Business YEARLY Membership:** (*Single owner with more than 10 employees*)
\$235 per year / One Vote
- I no longer wish to be a member of the Alpine County Chamber of Commerce**

.....
 I do not have a chamber plaque *I have a chamber plaque that needs to be updated*
.....

Membership dues are payable upon receipt. Please include your credit card number, or enclose a check, payable to:
Alpine County Chamber of Commerce - Mail to: PO Box 265, Markleeville, CA 96120

Visa/Mastercard Number: _____ Exp Date: _____

Name on Card: _____ Sec Code: _____

We must have an authorized signature on file for each voting membership. Please print your full name and sign below.

#1 Name: _____ Signature: _____

Thank you for your continued support!