

MEMBERSHIP APPLICATION

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE NUMBER _____

FAX NUMBER _____

WEB SITE ADDRESS _____

EMAIL ADDRESS _____

BILLING ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP _____

CHOOSE ONE ADDRESS FOR PUBLICATION COMPANY MAILING ADDRESS

PRIMARY REPRESENTATIVE _____

TITLE _____ EMAIL ADDRESS _____

ADDITIONAL REPRESENTATIVE _____

TITLE _____ EMAIL ADDRESS _____

ANNUAL DUES ARE CALCULATED USING OUR FAIR SHARE FORMULA
WHICH IS BASED ON NUMBER OF PEOPLE YOU EMPLOY (including yourself).
PLEASE CHECK THE APPROPRIATE BOX.

NUMBER OF STAFF _____ ANNUAL DUES \$ _____

See Below

Business 1-3 Employees \$125.00	Business 4-12 Employees \$200.00	Business 13-20 Employees \$300.00	Business 21-50 Employees \$400.00	Business 51+ Employees \$500.00
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Individual Non-Business \$75.00	Organization Non-Profit \$75.00
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CHECK ENCLOSED AMOUNT \$ _____

CREDIT CARD VISA MASTER CARD AMOUNT \$ _____

CREDIT CARD NUMBER _____

SECURITY CODE _____ EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEBPAGE INFORMATION

BUSINESS CATEGORY – Please choose the ONE major category which you want your company to be listed.

Business Design Education Financial Services Food & Drink

Government Health Individuals Legal Services Lodging

Publications & Media Production Real Estate Services Services

Shopping Social & Cultural Organizations Travel & Recreation

WEB DESCRIPTION OF YOUR COMPANY (Maximum 200 Characters)

Once your application has been received and accepted, you will be notified via email with your Member Login Name and Password to make additions/corrections to your company webpage.

MAIL TO:
Venice Chamber of Commerce
P.O. Box 202
Venice, CA 90294

FAX TO:
310.664.7938