

MEMBERSHIP APPLICATION/RENEWAL FORM

(Please Print)

Business Name _____

Address _____
Street City Zip+4

Phone: _____ Fax: _____ E-mail: _____

Name of Applicant _____

Applicant position/title with company/business _____

Brief description of company/business _____

Phone _____ Fax _____

E-mail _____ Web site http://www. _____

Please indicate membership type: New _____ Renewal _____
Date Date

13+ employees (\$220) 7-12 employees (\$145) 4-6 employees (\$120)

1-3 employees (\$85) 501(c)(3) or civic (\$60) Home-based/individual (\$45)

Check enclosed, payable to Altadena Chamber of Commerce. Total: \$ _____

VISA Mastercard _____
Card number Expiration Date

Name on Card (please print) Signature

I would like to receive periodic e-mail communication from the Chamber.

I am interested in serving on a Chamber committee.

- Communications Membership Merchants Scholarship
 Special Events (___ Annual Awards Dinner, ___ Golf Tournament, ___ Monthly Mixers,
___ Quarterly Small Office/Home Office Roundtables, ___ Summer Concerts in the Park)

I am interested in a leadership position at a future time.

Thank you for supporting our local Altadena economy!

Think Global – Shop Local!