

IMPORTANT: All the following except billing and dues information will be considered publishable. Date: _____

Main Rep Name: Ms. Mr. Mrs. Dr. (circle one) _____ Main Rep Position: _____

Company name: _____ (used in printed materials)

Local address for Chamber communications:

Physical _____ P.O. Box _____ City, State, Zip _____

Is this your home address? _____ (Home addresses will not be published.)

Main Rep Phone: _____ Company Phone if different: _____

Main Rep Fax: _____ *Call first or daytime only fax? Y N (fax may be sent at night)*

Main Rep e-mail: _____ Company Website: _____

General Company e-mail if different: _____

Main reason for joining (circle) Gov't. Advocacy Promotion Networking Corporate policy Other *(please describe)* _____

Please indicate if bills should go directly to a billing rep at a different address. If bills must be approved locally first, please do not give us a corporate address.

Billing Rep Name: _____ Billing Rep Title: _____

Billing address: _____
(Number/Street/or P.O. Box, City, State, Zip)

If there is someone else who should receive Chamber **e-mail** correspondence, please give us this information.
(There is no additional cost for e-mail correspondence.)

Add'l Rep Name: Ms. Mr. Mrs. Dr. (circle one) _____ Add'l. Rep Title: _____

Add'l Rep e-mail: _____

Number of local employees: Full time (32 hrs or more/week) _____ Part time _____ (do not include temporary/seasonal)

Services/products rendered-description of business: _____

Would you like to add an enhanced website directory listing for \$75? _____ Yes See www.yubasutterchamber.com for an example.

What would you like your main classification to be? _____
(Notes: additional classifications that already exist are available at no charge on our website, and at \$25 each, annually, for inclusion in hard copy printed materials. New members – include a 75-word description on our website for \$75. Free upon renewal of your membership.)

While not tax deductible as a charitable contribution for federal income tax purposes, paid membership dues are deductible for most members as an ordinary and necessary business expense.

Applicant's Signature: _____

Return to: Yuba-Sutter Chamber of Commerce, 429 10th Street, P.O. Box 1429, Marysville, CA 95901
phone: 530-743-6501 fax: 530-741-8645 e-mail: chamber@yubasutterchamber.com

(OVER)

The Chamber of Commerce is a volunteer-driven organization. It accomplishes ALL of its work through volunteers. We invite you to carefully consider participating in the Chamber mission by volunteering some time to committee work! Some run year-round, others are more short-term commitments. Just call the Chamber office, and we'll put you in touch!

MEMBERSHIP INVESTMENT STRUCTURE

Business Memberships:

	<i>Membership dues</i>	<i>Plus processing fee</i>	<i>Total FIRST YEAR investment</i>
<i>0-2 Employees:</i>	\$265	+ \$30	\$295
<i>3-5 Employees:</i>	\$290	+ \$30	\$320
<i>6-10 Employees:</i>	\$315	+ \$30	\$345
<i>11-25 Employees:</i>	\$370	+ \$30	\$400
<i>26-50 Employees:</i>	\$525	+ \$30	\$555
<i>51-100 Employees:</i>	\$790	+ \$30	\$820
<i>101-200 Employees:</i>	\$945	+ \$30	\$975
<i>201 or more Employees:</i>	\$1100	+ \$30	\$1130

Associate/Civic Memberships:

\$135 + \$30 \$165

Associate Memberships are available to self-employed or commission only employees of Chamber Members such as real estate agents, physicians, etc. Civic Memberships are limited to individuals not engaged in business or licensed as a business.

Government Rates: (based on population served)

	<i>Membership dues</i>	<i>Plus processing fee</i>	<i>Total FIRST YEAR investment</i>
<i>Population over 25,000:</i>	\$370	+ \$30	\$400
<i>Population under 25,000:</i>	\$265	+ \$30	\$295
<i>Population under 2,500:</i>	\$135	+ \$30	\$165

Public Schools: (based on ADA "average daily attendance")

	<i>Membership dues</i>	<i>Plus processing fee</i>	<i>Total FIRST YEAR investment</i>
<i>Large schools (ADA over 2,500):</i>	\$370	+ \$30	\$400
<i>Medium schools (ADA less than 2,500):</i>	\$265	+ \$30	\$295
<i>Small schools (ADA less than 250):</i>	\$135	+ \$30	\$165

All Membership Investments are for One Year.

OFFICE USE

Annual Membership Investment \$ _____ plus \$30.00 processing fee = Total Investment \$ _____ Associate Civic

Check # _____ Cash CHARGE Mastercard / Visa / AmEx # _____ exp. _____

Credit card mailing address _____ V code (last 3 digits on back of card) _____

Mail receipt? _____ Signature _____

Circle business location: Linda area Olivehurst area Plumas Lake area Loma Rica

Referred by _____ DESIRES: Profile _____ Ribbon Cutting \$25.00 _____ Mailer Insert _____

Membership Directory Listing(s) 1) _____ 2) _____ 3) _____

Other classifications for referrals _____

Organization Type (circle one)

For-profit business Non-profit charitable or service org Non-profit , other Taxpayer-funded school Civic Government