

Membership Application

SONORA CHAMBER OF COMMERCE

Tell us about your company. Provide information exactly as you would like it to be listed.
Please print legibly.

Company Information

Company Name _____
Address _____ Suite _____
City _____ State _____ Zip _____
Business Phone _____ Business Fax _____
Company Web Address _____
Company Email Address _____
Year Company Began _____ Is this a New Business? ___ Yes ___ No
Number of Full-Time Employees (2 Part Time = 1 Full Time) _____

Contacts

1st Contact* Mr. _____ Title _____
 Ms. _____
Email _____ Phone: _____
2nd Contact Mr. _____ Title _____
 Ms. _____
Email _____ Phone: _____

* First contact is the individual who will receive all mailings and communications from the Chamber and be recognized as the contact person in directors and the Chamber website (sonorachamber.org).

CHECK HERE: If you would like your e-mail address published on our website directory.

Business Type Classification (yellow pages listing) _____

Participation Interest

Hospitality Explore Sonora Magazine Special/Mixer Event Membership

TOTAL PAYMENT

Annual Base Membership Fee \$ _____
Explore Sonora Magazine \$ _____
AMOUNT DUE \$ _____

\$50 1-5 \$75 6-9 \$100 10+

METHOD OF PAYMENT (Check One)

___ Check Enclosed ___ Visa ___ MasterCard ___ American Express ___ Discover

Card # _____ Expires _____

Signature _____ 3 Digit Security Number _____

Membership Account Executive:

Mail To: Sonora Chamber of Commerce
PO Box 3084
Sonora, California
Phone: (209) 694-4405