



The undersigned hereby applies for membership in the Chula Vista Chamber of Commerce and agrees to pay the annual investment in accordance with the schedule set forth by the Board of Directors. *Please enclose payment with completed application. Thank you!*

APPLICANT INFORMATION

Firm Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Fax: _____
Business Classification: _____ Home-based business (*Street address will not be published in directory.*)
Number of Full-time Employees: _____ Type of Membership Applying for: _____
Name of Principal: _____ Title: _____

BILLING INFORMATION

For assistance on membership levels, visit www.chulavistachamber.org/services/membershiplevels.asp

Address: _____ *Annual Investment:* _____
_____ *Administrative fee (one time only):* **\$25** _____
Phone: _____ *Total amount:* _____

PAYMENT METHOD

Credit Card: Visa MasterCard Number: _____
Name on Card: _____ Expiration Date: _____
 Check # _____ (*enclose check*)
 Cash (*Please drop off cash with application in person; do not send cash through the mail.*)

Applicant Signature (required): _____

FAX (if paying by credit card), **MAIL** (if paying by check or credit card), or **DROP OFF** your application in person to:
Chula Vista Chamber of Commerce, 233 Fourth Avenue, Chula Vista, CA 91910 • Fax 619.420.1269

QUESTIONS? Call 619.420.6603 or email info@chulavistachamber.org