

Chula Vista

CHAMBER OF COMMERCE

Application for Membership

The undersigned hereby applies for membership in the Chula Vista Chamber of Commerce and agrees to pay annual investment in accordance with the schedule set forth by the Board of Directors.

Please enclose payment with application. Thank you.

Firm name: _____

Street address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____

Email address: _____

Classification of your business: _____ Number of full-time employees: _____

Name of principal: _____ Title: _____

Type of membership applied for: _____

BILLING INFORMATION

Address: _____

Phone: _____ Fax: _____

Email address: _____

Annual investment: \$ _____

Administrative fee: (one-time only): \$ _____ 25.00

Total amount: \$ _____

PAYMENT METHOD

Credit card: number: _____ Expiration date: _____
(MasterCard / Visa)

Check # (enclose check): _____ Cash: _____

Applicant signature (required): _____

(Mail or fax this application to: Chula Vista Chamber of Commerce, 233 Fourth Avenue, Chula Vista, CA 91910 Phone: 619-420-6603 Fax: 619-420-1269 Email: Marcy@chulavistachamber.org)