



Membership Application

"Your Partner in Business"

This investment may be tax-deductible as a business expense.
Tax ID #94-0675250

Business Name _____

Primary Contact _____ Secondary Contact _____

Business Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Alternate Phone _____ Website _____

Primary Email _____ Secondary Email _____

Business Category (for your directory listing) _____
Please see our member directory at www.merced-chamber.com for listing categories

To add additional employees to your membership, please provide their contact info on a separate sheet.

Fee Schedule

Number of Employees: F/T _____ P/T _____
(Two part-time employees equal One full-time employee)

Annual Investment Schedule

Number of Employees.....	Rate
1 - 2	\$175
3 - 5	\$205
6 - 9	\$230
10 - 14	\$260
15 - 24	\$335
15 - 49	\$420
50 - 99	\$510
100+	\$715
Associate (Individual/Retired)	\$105
Home-Based Business.....	\$115
Non-Profit Organization	\$175
REGISTRATION FEE (one-time only)	\$45

MEMBERSHIP INVESTMENT TOTAL _____

TOTAL ENCLOSED _____

Please return a copy of this form with your payment

Payment Info

Your membership is on a continuous annual basis until canceled by you. _____ (initial)
Membership dues are non-refundable.

CHECK CREDIT CARDS

Card Number

Name on card

Expiration

Signature

Office use only _____