



WEST RICHLAND AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Business Name: _____ Date: _____

Contact Person: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Website/Social Media: _____

Contact preference: ___ Email ___ Phone * How did you hear about us? _____

Primary purpose for joining: _____ *Please provide company logo to the Chamber*

I would like to join the West Richland Chamber of Commerce under the above company name. Please invoice me for the membership fee.

Membership Type:

(Circle Membership type that applies)

<u>Non-Profit/Veterans/Associate</u>	\$150	<u>Advocate Level</u>	\$1,000
<u>Supporter Level</u>	\$300	<u>Champion Level</u>	\$2,500
<u>Partner Level</u>	\$750	<u>Premier Level</u>	\$5,000
		<u>Ultimate</u>	\$10,000

50-Word Profile (Website): _____

Signature: _____ Date: _____