



Elma Chamber of Commerce Membership Application & Renewal

Please complete the following so we have your current information on file. We will use this form as our source for your listing on the chamber website, on our membership roster and for referrals to your business.

Business Name: _____

Owner / Manager: _____

Contact Person (if different than above): _____ Title: _____

Street Address: _____ Mailing Address: _____

Business Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Most correspondence is done via email. If you prefer to receive information in a different manner please let us know.

Type of business for business listing: _____

Number of employees _____ Number of years in business _____

Membership Dues are based on business size. Please check the appropriate number.

- _____ Individual (no business)..... \$50.00
- _____ 0-3 FTE employees..... \$50.00
- _____ Non-Profit/Non Business.....\$50.00
- _____ Restaurant Business.....\$75.00
- _____ 4-9 FTE employees.....\$120.00
- _____ 10-24 FTE employees.....\$175.00
- _____ 25 or more FTE employees.....\$275.00

Make Checks payable to: Elma Chamber of Commerce P.O. Box 798 Elma, WA 98541
(If you need an invoice or receipt please indicate below)

Questions? Email elmachamber@gmail.com or call 360-482-3055

For Chamber Use only: Date Received _____ Amount _____ Certificate _____

Please charge my credit card: _____ MasterCard _____ Visa _____ American Express _____ Discover

Card: # _____ Exp. Date: ____/____ Security Code: _____
3 digits on back of card

Authorized Signature (required) _____