

Membership Application

Be Seen. Be Noticed. Be Heard.



Company Information

Company Name: _____ Date: _____

Business Category: _____ Home Based

Website URL: _____ Number of Employees: _____

Primary Contact

Primary Contact: _____ Title: _____

E-Mail: _____

Physical/Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Billing Contact (if different)

Billing Contact: _____ Title: _____

E-Mail: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Membership Level (select one)

Membership is renewable annually on the anniversary month of initial membership

- | | |
|--|--|
| <input type="checkbox"/> Entrepreneur \$250 (1 Category/1 Location) | <input type="checkbox"/> Business \$500 (3 Categories/2 Locations) |
| <input type="checkbox"/> Corporate \$1,000 (5 Categories/3+ Locations) | <input type="checkbox"/> Executive \$2,000 (6 Categories/3+ Locations) |
| <input type="checkbox"/> Director \$5,000 (7 Categories/3+ Locations) | <input type="checkbox"/> Visionary \$10,000+ (8 Categories/3+ Locations) |

Payment Method (select one)

Annual Semi-Annual

Check Enclosed Invoice VISA MasterCard American Express

Card #: _____ Exp: _____ CV Code: _____ Signature: _____

Business Representative Signature _____ Date: _____

TCRCC Sales Director Signature _____ Date: _____

Referred By: _____

Mail Completed Application to: Tri-City Regional Chamber of Commerce
7130 W. Grandridge Blvd. Suite C
Kennewick, WA 99336
Attention: Camille Kellison

Chamber Contact Information: 509.736.0510 (phone)
509.783.1733 (fax)
www.tricityregionalchamber.com
info@tricityregionalchamber.com

Additional Newsletters: Starting with the Business Level membership, additional copies of the Chamber's monthly newsletter can be mailed to your business.

Name: _____ **Title:** _____

Address: _____

E-Mail: _____ **Phone:** _____

Name: _____ **Title:** _____

Address: _____

E-Mail: _____ **Phone:** _____

Name: _____ **Title:** _____

Address: _____

E-Mail: _____ **Phone:** _____

Name: _____ **Title:** _____

Address: _____

E-Mail: _____ **Phone:** _____

Additional Business Locations: Starting with the Business Level membership, multiple business locations can be listed in both the TCRCC membership directory and in the on-line directory. **Refer to reverse side (Membership Level).**

Additional Locations:

Address: _____

City/ST/Zip: _____

Phone: _____ **Fax:** _____

Primary Contact: _____

Email: _____

Address: _____

City/ST/Zip: _____

Phone: _____ **Fax:** _____

Primary Contact: _____

Email: _____

Additional Business Categories: Starting with the Business Level membership, additional business categories can be associated with your business listing in the Membership Directory and in the on-line directory. **Refer to reverse side (Membership Level).**

Additional Categories:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please be sure to attach a business card to this application. Thank you!

FOR OFFICE USE ONLY

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Chairman's Letter | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Database | <input type="checkbox"/> New Member Listing | <input type="checkbox"/> Thank You Letter |
| <input type="checkbox"/> IRM | | |