

Solano County Black CHAMBER OF COMMERCE

—MEMBERSHIP APPLICATION—

APPLICATION DATE: _____

INDIVIDUAL or BUSINESS NAME: _____

PRIMARY CONTACT: _____ TITLE: _____

SECONDARY CONTACT: _____ TITLE: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____
(If different from business address)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____ WEB ADDRESS: _____

TYPE OF BUSINESS: _____ NO. OF EMPLOYEES: _____

GENERAL MEMBERSHIP CATEGORIES

ANNUAL DUES: (Please check appropriate space)

PLEASE CHECK ACTIVITY OF INTEREST:

{ } New Member { } Renewal

___ INDIVIDUAL MEMBERSHIP	\$50.00
___ NON-PROFIT ORGANIZATION	\$75.00
___ SMALL BUSINESS OWNER	\$125.00
___ CITY/COUNTY/STATE/FEDERAL AGENCY	\$500.00
___ CORPORATION	\$500.00

MAKE CHECK PAYABLE TO:

SOLANO COUNTY BLACK CHAMBER OF COMMERCE

1814 Capitol Street
P.O. Box 149
Vallejo, CA 94590

- Host a Mixer
- Serve on a Committee
- Serve on the Board
- Contribute to Scholarship Fund
- Free Listing in Chamber Directory
- Place Ad in Newsletter
- Distribution Point for Newsletter
- Other

FOR OFFICIAL USE ONLY: (revised 11/04/08)

AMOUNT DUES PAID: _____

MEMBERSHIP REP. _____

ENCLOSED IS THE FIRST YEAR FEES OF \$ _____ CHECK # _____

SIGNATURE: _____ DATE: _____



Your membership fee is tax deductible as a business expense and continues until resignation is submitted to the Board.