



Membership Application

Business/Org. Name: _____	Date _____
Location Address: _____	City: _____ Zip: _____
Mailing Address: _____	City: _____ Zip: _____
Telephone: () _____	Fax: () _____
Website: WWW. _____	Email: _____
Type of Business: _____	Number of Employees: _____ Yrs in Business: _____
Referred by: _____	Other _____
Contact Information:	I prefer: Fax _____ Email _____ Both _____
Primary Rep Name: _____	Other _____
Telephone: () _____	Fax: () _____
Three Business References: Business Name, Main Contact, Phone Number and City.	
1) _____	Verified _____
2) _____	Verified _____
3) _____	Verified _____

Membership Investment

The first year is a trial membership. \$200.

The second year is \$250 for the year or \$25 per month automatic CC draft.

Make check payable to: **"The New Chamber"**

First year membership investment \$200.

Year two \$250 for the year or \$25 per month automatic credit card draft.

With my membership I authorize "The New Chamber" to communicate with me via email, fax, and letter regarding any of "The New Chamber" activities or any other of "The New Chamber" sponsored programs. All memberships are subject to approval of the membership advisory committee.

Mail to: "The New Chamber" P.O. Box 8521 Mission Hills, CA 91346-8521 www.TheNewChamber.com

Email: Stan@TheNewChamber.com Phone: (818) 359-1112

Printed By: Minuteman Press of Northridge 19709 Nordhoff St., Northridge, CA 91324 (818) 341-1003