

Grandview Chamber of Commerce

Membership Application Form

Please return your completed application and payment to:
The Grandview Chamber of Commerce, 133 West 2nd Street, Grandview, WA 98930
Date _____ 509 –882-2100

Business Name _____ **Business Anniversary** _____

Location _____
Address _____ City _____ State _____ Zip _____

Mailing _____
Address _____ City _____ State _____ Zip _____

Website Address _____ **Business Email** _____

Contact Name/Title _____ **Business Contact** _____

Phone _____
Fax _____
Cell _____

Phone _____
Fax _____
Cell _____

Business Description and Category: In order for your Chamber to best promote your business, please provide a brief description of your business, including most popular services or products, or types of services or products, and any uniqueness. This description will be used in promotional materials to enhance your business in expanded listings, on the Chamber website.

Please list my business under the following categories:

Chamber Communications: Check all applicable options. I authorize the Chamber to send me announcements by: Email and or by Fax

Membership Dues Category (rates may change without notice): *Check one*

Annual Rates

Business

Individual/Non Profit \$35.00 Under 4 Employees \$75.00
4 to 6 Employees \$115.00 7 to 12 Employees \$155.00 Over 12 Employees \$255.00

Your Payment:

Check / money order enclosed \$ _____

Your Signature _____ Name (print) _____

Chamber Use:

____ New Membership
____ Renewal Membership

Pro-rated Dues: _____
____ Reactivation