

MEMBERSHIP APPLICATION

Company Name:			
Contact Person:	Title:		
Street Address:			
City:			
Mailing Address (if different):			
Business Phone:			
E-mail:			
Website:			
Type of Business:			
Number of Employees:			
Description of Business (25 word or les	ss):		
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Sales Representative:	 		
MEMBERSHIP - ANNUAL DUES			
Corporate Partner	5	\$ 5,000	
Premier Member	Ş	\$ 2,500	
Friend of the Chamber		\$ 1,000	
For Profit Business		\$ 350	
Non-Profit Organization	5	\$ 250	
Associate Member	5	\$ 150	
BILLING INFORMATION			
Name on Card:			
Billing Address:	····		
Billing Zip:	 		
Card Type:	 		
Card Number:			
TOTAL: \$ Expiration:			
Email Receipt Sent to:			
Signature:	Date: _		
Payment with Credit Card will be charged a surci	narge of 3.95%		

JOIN NOW!
GREAT
2024
ANNUAL
MEMBERSHIP
RATES!

- Workshops, Webinars
- Networking, Sales Leads
- Connections to American Job Center, Department of Labor, the NW Regional Workforce Investment Board and Board of Regents CSCU
- Industry-Specific Peer Groups
- Communication, Access to Local, State and Federal Leaders
- Marketing Channels
- News Updates
- Collaborations
- Professional Development
- SCORE





