

Membership Application

ANAHEIM CHAMBER OF COMMERCE

Tell us about your company. Provide information exactly as you would like it to be listed.
Please print legibly.

Company Information

Company Name _____
Address _____ Suite _____
City _____ State _____ Zip _____
Business Phone (____) _____ Fax (____) _____
Company Web Address _____
Company Email Address _____
Year Company Began _____ Is this a New Business? ____ Yes ____ No
Number of Full-Time Employees (2 Part Time = 1 Full Time) _____

Contacts

1st Contact* Mr. _____ Title _____
 Ms. _____
Email _____ Business Phone (____) _____
2nd Contact Mr. _____ Cell (____) _____
 Ms. _____ Title _____
Email _____ Business Phone (____) _____
Cell (____) _____

* First contact is the individual who will receive all mailings and communications from the Chamber and be recognized as the contact person in directors and the Chamber website (www.anaheimchamber.org).

CHECK HERE: If you would like your e-mail address published on our website, directory and *This Week In Anaheim*.

Business Classification _____

Participation Interest

Ambassador Golf Tournament Special/Monthly Events Membership

TOTAL PAYMENT

Annual Membership Investment \$ _____
Processing Fee \$ 40.00
AMOUNT DUE \$ _____

METHOD OF PAYMENT (Circle One)

Check Enclosed Visa MasterCard American Express Discover

Card # _____ Expires _____

Signature _____ 3 Digit Security Number _____

Attn: Janet Rombi
Vice President of Membership

Mail To: Anaheim Chamber of Commerce
201 East Center Street
Anaheim, CA 92805
Fax To: (714) 758-0468

MEMBERSHIP INVESTMENT SCHEDULE

*The Minimum Dues Schedule has been carefully developed by each classification to determine the equitable investment in the Chamber. It is the minimum, and does not reflect community spirit and commitment. **Base Rate is \$456.00.***

<u>Classification</u>	<u>Schedule No.</u>	<u>Classification</u>	<u>Schedule No.</u>
Amusement / Entertainment Radio / Television	3	Restaurants / Cafés / Taverns Catering	2
Dealers: Automotive / Trucks Motorcycles	4	Industrial / Manufacturing / Processing Assembly	2
Financial: Banks / Credit Unions / S & Ls Investments / Real Estate / Insurance	3	Wholesalers / Distributors Exporters / Importers	3
Hotels/ Motels / Apartments Mobile Home Parks / R.V. Parks	5	Retailers	1
Hospitals / Convalescent Homes Medical Clinics	3	Transportation: Rail / Bus / Air / Freight	3
Professionals: Doctors / Lawyers C.P.A.s / Architects	4	Services: Travel & Employment Agencies / Auto Repair / Education	2
Construction: Developers / Contractors	3	Non-Profit Organizations	6

Number of Employees	SCHEDULE 1	SCHEDULE 2	SCHEDULE 3	SCHEDULE 4
1-5	\$456	\$456	\$468	\$523
6-15	\$499	\$499	\$510	\$567
16-25	\$539	\$539	\$552	\$607
26-40	\$587	\$587	\$598	\$662
41-60	\$634	\$634	\$662	\$733
61-80	\$683	\$683	\$726	\$802
81-100	\$733	\$754	\$789	\$872
101-150	\$796	\$823	\$872	\$969
151-200	\$859	\$890	\$956	\$1,067
201-300	\$942	\$990	\$1,067	\$1,204
301-400	\$1,026	\$1,088	\$1,177	\$1,345
401-600	\$1,137	\$1,227	\$1,316	\$1,484
601-800	\$1,247	\$1,367	\$1,456	\$1,624
MORE THAN 800	*	*	*	*

SCHEDULE 5 (MINIMUM \$456.00)	SCHEDULE 6	SCHEDULE 7 (MINIMUM \$1000.00)
HOTELS/MOTELS: \$4.65/ROOM APARTMENTS: \$3.02/APT	NON-PROFIT: \$291	CIRCLES OF INFLUENCE
MOBILE HOME/RV PARKS: : \$2.26/SPACE		

* NEGOTIATED (BASED ON COMPARABLE RATES)

TOTAL PAYMENT

Annual Membership Investment \$ _____
 Processing Fee \$ 40.00
AMOUNT DUE \$ _____

Accounts Payable Representative _____
 Address _____ Suite _____
 City _____ State _____ Zip _____