

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 _____ Cell (____) _____
2nd Contact Mr. _____ Title _____
 Ms. _____
Email _____ Cell (____) _____

* First contact is the individual who will receive all mailings and communications from the Chamber and be recognized as the contact person in directories 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 Type Classification (yellow pages listing) _____

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 _____

Membership Account Executive:

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