Application for Membership

GOLETA VALLEY CHAMBER OF COMMERCE

DATE OF APPLICATION: _____ BUSINESS NAME: _____

PRIMARY CONTACT NAME: _____ # OF FULL TIME EMPLOYEES: _____

Please provide additional contacts of associates you would like to have receive emails & newsletters

Contact Name: _____ *E-mail:* _____

Contact Name: _____ *E-mail:* _____

Contact Name: _____ *E-mail:* _____

BUSINESS ADDRESS: _____

CITY: _____ STATE:_____ ZIP: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE:_____ ZIP: _____

WEBSITE: _____ E-MAIL: _____

TELEPHONE: _____ FAX: _____

Our mission is to create a strong local economy, promote the community, provide business resources and networking opportunities, represent local business to government, and support pro-business candidates. **What is your primary reason for joining the Chamber?**

☐ Create a Strong Local Economy ☐ Promote the Community ☐ Business Resources and Networking Opportunities

☐ Representation to Government/Advocacy ☐ Supporting Pro-Business Candidates ☐ Other _____

For our internal records please describe your business in approximately 30 words. Explain what your company does and the types of goods and/or services you offer on the back of this document.

WHICH CATEGORY BEST DESCRIBES YOUR BUSINESS? ☐ I prefer to not have my business listed.

- ☐ Advertising & Media
- ☐ Agriculture & Farming
- ☐ Automotive
- ☐ Business & Professional Services
- ☐ Computers & Telecommunications
- ☐ Contractors & Construction/Engineering
- ☐ Education
- ☐ Financial Services & Insurance
- ☐ Employment Services
- ☐ Government
- ☐ Health & Fitness
- ☐ Home & Garden Services
- ☐ Employment Services
- ☐ Individual
- ☐ Legal/Attorney
- ☐ Lodging & Tourism
- ☐ Manufacturing & Hi-Tech
- ☐ Non-Profit, Community & Religious Organizations
- ☐ Natural Resources & Utilities
- ☐ Pet Services
- ☐ Real Estate, Moving & Storage
- ☐ Recreation & Sports
- ☐ Restaurants, Food & Beverage
- ☐ Senior Services
- ☐ Shopping & Specialty
- ☐ Transportation

PAYMENT
Please attach payment

☐ CASH ☐ CHECK CHECK #_____
(Make payable to Goleta Valley Chamber of Commerce)

☐ CREDIT CARD

Credit Card #:_____ Expiration Date:_____

Name on Card:_____ Signature:_____

Please complete this page and send it along with your payment to the Chamber office: P.O. Box 781, Goleta, CA 93116. For your records, our Federal Tax I.D. #:95-2275198.

We will contact you personally to discuss the programs, services and other benefits available to you as a Chamber member.

FOR INTERNAL USE
RECEIVED:_____
AMOUNT: $_____
PROC FEE: $_____
DATE REC PYMT:_____
PROCESSED:_____