



MEMBERSHIP APPLICATION

Company Name: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email Address _____ Website: _____

Services Provided (retail, real estate sales, etc.) _____

Type of Business (sole proprietor, corporation) _____ # of Employees _____

Owner(s): _____

Contact Person: _____ # if different from above _____

Please check your areas of interest:

Legislative and Civic Affairs Business Development Business Promotion Membership

Ambassadors Office Volunteer Event Committee Other: _____

Discount or special promotion for members of the Chamber _____

Date: _____ Signature: _____



Business Memberships		Other Memberships	
Number of Employees			
1-10	\$175.00	Individual Memberships	\$50.00
11-49	\$275.00	Retired Individual (over 65)	\$35.00
50+	\$345.00	Service Organizations	\$150.00

Makes Checks Payable to: Loma Linda Chamber of Commerce
To pay by credit card, please visit our website, call or stop in.