



# Selma District Chamber of Commerce

## New Membership & Renewal Registration

Please complete the information below and return with remittance

Business Name or Individual Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
City, State and zip \_\_\_\_\_

Physical address, \_\_\_\_\_  
City, State and zip \_\_\_\_\_

Business phone \_\_\_\_\_

FAX: \_\_\_\_\_

Type of Business \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Person \_\_\_\_\_

Email: \_\_\_\_\_

Would you prefer to receive the monthly newsletter via:     email                       U.S. Postal Service

I would like to be listed in the Chamber directory:         yes                               no

### **Investment Schedule**

*Investments for business listings (excluding home-based businesses) are determined by employee count. If applicable, please indicate number of employees below and enclose the amount listed on the investment schedule.*

- |  |   |
|--|---|
| <input type="checkbox"/> Retired Individual: \$25, Couple \$30 | <input type="checkbox"/> 0-3 Employees: \$125     |
| <input type="checkbox"/> Individual: \$35, Couple \$40         | <input type="checkbox"/> 4-10 Employees: \$175    |
| <input type="checkbox"/> Club/Organization: \$75               | <input type="checkbox"/> 11-20 Employees: \$225   |
| <input type="checkbox"/> Individual w/ Business listing: \$100 | <input type="checkbox"/> 21-30 Employees: \$275   |
| <input type="checkbox"/> Home-Based Business: \$100            | <input type="checkbox"/> 31-40 Employees: \$325   |
| Number of Employees _____                                      | <input type="checkbox"/> 41-50 Employees: \$375   |
| Corporate Membership Rate _____                                | <input type="checkbox"/> Over 50 Employees: \$425 |

Special rates can be negotiated for operating two or more businesses

We accept  

**Make check payable to:**

**Selma District Chamber of Commerce  
1821 Tucker St., Selma, CA 93662**

**Amount Enclosed \$** \_\_\_\_\_

Investment will be made: (check one)

Annually     \*Semi-Annually     \*Monthly                      Exp. Date \_\_\_\_\_

Visa                       Master Card # \_\_\_\_\_ 3 digit # \_\_\_\_\_

Sign \_\_\_\_\_

**\*A \$3 fee will be added to Credit Card transactions and for all billings other than annual payment.**

### OFFICE USE ONLY

Date received \_\_\_\_\_ Investment received \_\_\_\_\_ Check # \_\_\_\_\_  cash     credit