



*West Richland Area
 Chamber of Commerce
 P.O. Box 4023 / 6102 W. Van Giesen
 West Richland, WA 99353*

MEMBERSHIP APPLICATION

Business Name _____ Application Date _____

Contact Person _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Fax _____ E-mail _____ Web Site _____

I would like to join the West Richland Area Chamber of Commerce under the above company name. Please invoice me for the membership fee.

Membership Type: (Circle Membership type that applies)

<u>Business Membership</u>	
1 - 10 Employees	\$100.00
11 – 30 Employee	\$150.00
Over 31 Employees.....	\$350.00
<u>Municipal Membership</u>	\$350.00
(City, Port, Utilities, Etc.)	
<u>Associate Membership</u>	\$ 40.00
(Ministries, Educators, Elected Officials, Etc.)	
<u>Non-Profit Membership</u>	\$ 50.00

Description of your business:

New Member _____

Renewal _____