DATE:	



NEW MEMBER APPLICATION

The mission of the
North Mason Chamber of Commerce
is to serve, advocate and advance
the business interests
of our valued members.

2016 MEMBERSHIP DUES

0–5 Employees \$190 6–10 Employees \$330 11–20 Employees \$395 20+ Employees \$495 Non-profit/Govt \$105 Friends of Chamber \$75

(retirees, volunteers, not self-employed)

WHEN WE PROMOTE YOUR BUSINESS, HOW WOULD YOU LIKE YOUR INFORMATION TO APPEAR?					
Company Name					
Company Website		Email Address			
					
Company Phone		Company Fax			
Dhysical Address (stousfyout plant ats)	D:Ilim or	Address			
Physical Address (storefront, plant, etc.)	ышпд	Address			
Physical City, State, Zip	Type o	Type of Business			
Primary Contact Name, Title	Billing	Billing Contact Name, Title			
Primary Contact Email Address	Billing	Billing Contact Email Address			
Primary Contact Phone (for office use only)	Dilling	Billing Phone (for office use only)			
Primary Contact Prione (for office use only)	ышпу	Billing Priorie (for office use offly)			
Mailing & Billing Address	# of Full-	Fime Employees	# of Part-Time Employees		
Vasl					
Yes! I would like to become a member of the Chairman's Circle or President's Circle to further promote my business. Please add me: \Box Chairman's Circle (\$1,000) \Box President's Circle (\$500)					
NORTH MASON CHAMBER OF	,	,	Belfair, WA 98528		
Questions? Please call Stephanie Rowla	nd, President & CEO, 360-275-42	67 or email srowland@no	orthmasonchamber.com.		
Payment:	Date Received:	Receipt Numbe	er:		
,	Renewal Notice Sent:	•			
Chamber Master: Constant Contact:		Facebook:			
Notes:					