MEMBERSHIP APPLICATION

INDEPENDENCE CHAMBER OF COMMERCE
P.O. Box 397 – 139 North Edwards
Independence CA. 93526-0397
Phone 760-878-0084 – FAX 760-878-2421
Email indcc@qnet.com

I would like to be a part of the Independence Chamber of Commerce. I have enclosed my membership fee in the amount of $ _____ for the member category of _____.

Name of Business_____

Contact Name_____

Physical Address_____

Mailing Address_____

City/State/Zip_____

Residence Address_____

Business Phone_____ Residence Phone_____

Email_____ Fax_____ Website _____

I want to volunteer to do:_____

_____

Membership Categories

Membership fees are paid annually, with membership beginning in the month the original fee is paid.

Business (1+Employees)	$75/year	Business Owner/Operator (no Employees)	$50/year
Government Agency	$75/year	Organization	$50/year

Family $20/year (Family membership is one or more persons in one residence, with one vote per residence.)

Patron over $500/year Sustaining $250-500/year
(Approved installments can be made for Patron and Sustaining categories.)

Donations are accepted $ _____ or service/product _____.

Mail application and fee to P.O. Box 397, Independence, CA 93526 or bring to the office.

Board meetings: second Monday of the month, 6:00 PM, at Chamber Office.