

MEMBERSHIP APPLICATION



CHULA VISTA
CHAMBER OF COMMERCE

The undersigned hereby applies for membership in the Chula Vista Chamber of Commerce and agrees to pay the annual investment in accordance with the schedule by the Board of Directors. **Please enclose payment with completed application. Thank you!**

For Assistance on membership levels, visit www.chulavistachamber.org/services/membershiplevels.asp

Applicant Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Business Industry: _____

Website: _____ Full Time Employees: _____

Type of Membership Applying for: _____

Person of Contact: _____ Title: _____



Billing Information

Name: _____

Address: _____ Annual Investment: _____

Phone: _____ Administrative Fee (one time only): **\$25**

Total: _____

Payment Method

Credit Card: Visa Master Card Card Number: _____

Name On Card: _____ Expiration Date: _____

Check Number (enclose check): _____ Cash (please drop off cash in person, DO NOT mail)

Applicant Signature (required): _____

For more information or to apply online, visit us at:
www.chulavistachamber.org