

Member Application

Business License No. _____

Business Name _____ Contact _____ Hours _____

Type of Business _____ Industry _____

Address _____

Phone _____ Alt. Phone _____ Fax _____

I prefer receiving communication from the Chamber by: E-mail, Postal Mail, Both (Please circle one)

The Mission of the Sierra Madre Chamber of Commerce is to encourage a healthy business environment by advancing, promoting and supporting the businesses serving Sierra Madre.

Annual Membership Fees

Retail/Commercial is based on full-time employees only.

1 – 10 Employees	\$100	Professional	\$100
11 – 50 Employees	\$200	Home Based Businesses	\$ 90
50+ Employees	\$300	Associate Member (full voting rights)	\$ 75
Utilities	\$275	Non-Profit (501-C3)	\$ 75
Government Agencies	\$275	Service Organizations	\$ 75
Financial Institutions	\$250	Resident/Volunteer (no voting rights)	\$ 50

Fee Amount \$ _____

Admin. Fee \$ 25 (New members only)

Total Fee \$ _____

Signature _____ Date _____

Date Approved for Membership by Board _____

PLEASE RETURN THIS APPLICATION WITH YOUR MEMBERSHIP FEE
 (Checks should be made payable to Sierra Madre Chamber of Commerce)

Credit Card (MC, Visa only) _____ Exp. Date _____ Sec. Code _____

Signature as it appears on credit card _____

Please select the category that best describes your business and circle.

Appearance /Health	Civic Organization	Realtors
Arts/Entertainment	Clothing	Restaurants
Automotive Services	Computer Services	Specialty Stores
Breweries/Lounges	Contractors	Trades
Business Services	Architects	Medical
Financial Services	Education/Schools	Utilities
Service Agencies	Grocery/Convenience	Government Agencies
Non-profit	Professional Services	Other _____

Please tell us how we can add value to your membership investment and circle.

Advertisement exposure -newspaper or online	HR Updates & Resources
Partnership for Insurance Savings	"How to"Seminars
Business Interruption Preparedness	Legislative updates
Partnership with an Office Supplies Big Box for Chamber discounts	

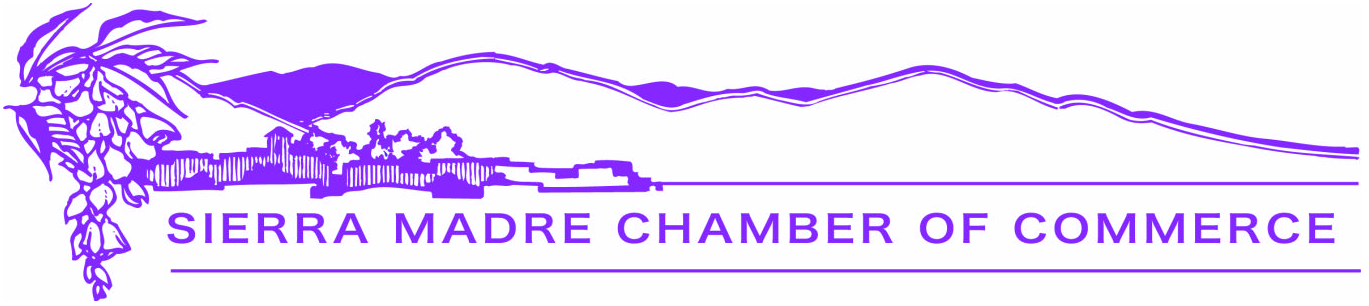
The Chamber Board of Directors invites you to share your ideas, talents, and time by participating as a member of one of the following:

Please select a committee or event you would like to be involved in and circle.

Legislative	Monthly Mixer Host
Economic Development	Holiday Open House/Dickens Village
Wistaria Festival	Citizen of the Year
State of the City event	
Office Volunteer for backup/assist Chamber staff	

In order to raise the necessary funds, how would this best be done ?

Sponsorships	Event Driven
Partnerships	Other: _____



Member Information Sheet

Business License No. _____

In an effort to better know your business, the Chamber would like to collect some information about it. The more we know about your business, the easier it will be for us to promote it. In addition, sometimes we have volunteers staffing the office, or working promotional booths. If we can provide them with a reference binder that tells them about our member businesses, they will be able to answer more questions posed by people asking about it. We will also use this information when putting together press releases or promotional copy for events, web stories and newsletters. If we know when your anniversary is coming, we can arrange to do some promotion, particularly of the significant anniversaries, by congratulating you in the newsletter, at mixers, on the website, news releases, and other appropriate promotional venues.

Business Name _____ Contact _____ Hours _____

Type of Business _____ Industry _____

Address _____

Phone _____ Alt. Phone _____ Fax _____

Web Address _____ E-Mail _____

Date of Opening _____ Date Joined Chamber _____ CC? _____

Original Location (if moved) _____

Date of Move _____ Reason for Move _____

Previous Name(s) of Business (if changed) _____

Name(s) of Original Owner(s) Name(s) (if changed) _____

Tell us the most important things people should know about your business _____

Tell us something totally random (but interesting) people probably don't know about you, a(n) employee(s) or your business _____

Feel free to attach more sheets if necessary