

Prosser Chamber of Commerce Membership Application

Please return your completed application and payment to:
The Prosser Chamber of Commerce, 1230 Bennett Ave. Prosser, WA 99350

Date _____

509 -786 - 3177

Important: MARK WITH A * ANY ITEM THAT YOU WOULD LIKE THE CHAMBER TO TREAT AS CONFIDENTIAL INFORMATION TO BE EXCLUDED FROM MEMBERSHIP DIRECTORIES AND WEBSITE LISTINGS, SUCH AS A NAME, ADDRESS, PHONE, FAX, EMAIL, OR WEBSITE.

Business Name _____ **Business Anniversary** _____

Location _____
Address _____ City _____ State _____ Zip _____

Mailing _____
Address _____ City _____ State _____ Zip _____

Website Address _____ **Business Email** _____

Contact Name/Title _____ **Business Contact** _____

Phone _____ Phone _____

Fax _____ Fax _____

Cell _____ Cell _____

Business Description and Category: In order for your Chamber to best promote your business, please provide a brief description of your business, including most popular services or products, or types of services or products, and any uniqueness. This description will be used in promotional materials to enhance your business in expanded listings, on the Chamber website.

Please list my business under the following *categories*:

Chamber Communications: Check all applicable options. I authorize the Chamber to send me announcements by:

- Email and or by
 Fax

Membership Dues Category (rates may change without notice): *Check one*

Annual Rates

Business

- | | |
|---------------------------------------------------|----------------------------------------------------------|
| Owner Operator <input type="checkbox"/> \$60.00 | Volunteer Organizations <input type="checkbox"/> \$60.00 |
| 2-5 Employees <input type="checkbox"/> \$120.00 | Individual Non Business <input type="checkbox"/> \$25.00 |
| 6-10 Employees <input type="checkbox"/> \$180.00 | Senior Citizen/Retired <input type="checkbox"/> \$15.00 |
| 11-19 Employees <input type="checkbox"/> \$240.00 | |
| 20+ Employees <input type="checkbox"/> \$300.00 | |

Your Payment:

Check / money order enclosed \$ _____

Your Signature _____ Name (print) _____