



MEMBERSHIP APPLICATION

BUSINESS NAME _____

Year Business Started _____

FIRST NAME _____ LAST NAME _____

OF EMPLOYEES

FULL TIME _____

TITLE _____

PART TIME _____

BUSINESS ADDRESS _____ APT/SUITE _____

BUSINESS STATUS

CITY _____ STATE _____ ZIP _____

HOME BASED

Please check here if above is a residential address

ESTABLISHED DATE _____

POP UP

ARTISAN COMMUNITY

SOLE PROPRIETOR

B CORPORATION

LGBT OWNED

MINORITY OWNED

WOMAN OWNED

VETERAN OWNED

OTHER _____

BUSINESS TYPE / CATEGORY _____

MAIN PHONE () _____ EXTENSION _____

MOBILE () _____

OTHER () _____

E-MAIL _____

WEB _____

SOCIAL MEDIA _____

HOW DID YOU LEARN ABOUT THE CHAMBER? _____

I'M INTERESTED IN:

RIBBON CUTTING

NETWORKING

MARKETING

SCHOLARSHIP

BUSINESS ADVOCACY

OTHER _____

SELECT YOUR MEMBERSHIP FEE (based on number of employees):

- | | |
|--|---|
| <input type="checkbox"/> \$ 50.00 Artisan and Non-business individual person | Business Focused Membership Levels |
| <input type="checkbox"/> \$ 195.00 1 to 5 | <i>(call for benefit info)</i> |
| <input type="checkbox"/> \$ 275.00 6 to 10 | <input type="checkbox"/> \$ 2,500.00 Sterling Circle |
| <input type="checkbox"/> \$ 350.00 11 to 20 | <input type="checkbox"/> \$ 5,000.00 Gold Circle |
| <input type="checkbox"/> \$ 500.00 21 to 50 | <input type="checkbox"/> \$10,000.00 Blue Circle |
| <input type="checkbox"/> \$ 625.00 51 to 150 | <input type="checkbox"/> \$30,000.00 Platinum Circle |
| <input type="checkbox"/> \$1,100.00 151 to 200 | <input type="checkbox"/> \$45,000.00 Diamond Circle |
| <input type="checkbox"/> \$1,600.00 201 to 251 | <input type="checkbox"/> \$60,000.00 Exclusive Circle |

SELECT MARKETING OPTIONS (in addition to Membership Fee):

Executive Visibility Package includes CEO visit with Media coverage, YouTube posting, and e-Newsletter Spotlight \$500.00 per year
Advertising on weekly e-Newsletter \$60.00 per month \$175.00 every 3 months \$600.00 per year

\$ _____ TOTAL from above

Method Payment: Check Visa Mastercard AMEX

CARD NUMBER _____ EXPIRATION DATE ____ / ____

Provide Credit Card Billing address if it is different from above address in blank area under total.

NAME AS IT APPEARS ON CARD _____

CCV/CCID _____

ZIP _____

I authorize the Daly City Colma Chamber of Commerce to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Credit card will be charged on annual membership renewal date. Dues are subject to the approval of the Board of Directors and may be a TAX DEDUCTIBLE item.

I authorize the Chamber to email me regarding Chamber membership benefits, invoices, economic, and business news. I authorize the Chamber to publish my name, photo and/or business information in the Chamber's eNewsletter and other publications. Membership Applications are subject to Executive Board of Directors approval.

Membership shall be continuous unless canceled by written resignation.

APPLICATION/PAYMENT ENDORSEMENT

X _____ DATE _____
SIGNATURE

Join the Chamber

Apply online or download a paper application.
• Auto fill & pay on line:



<https://bit.ly/3QqKGfW>