



# Membership Application

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(as you want it to appear in the Membership Directory)

Owner/Mgr:  Mr.  Mrs.  Ms.  Other

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City Zip

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web address \_\_\_\_\_

## MEMBERSHIP LEVEL

**Schedule A** - Based on number of full-time employees.

Number of Employees...Annual Investment

- 1 - 5 ..... \$ 300
- 6 - 10 ..... \$ 345
- 11 - 20 ..... \$ 390
- 21 - 30 ..... \$ 460
- 31 - 40 ..... \$ 520
- 41 - 50 ..... \$ 600
- 51 - 75 ..... \$ 675
- 76 - 100 ..... \$ 825

Please call a Chamber representative for dues for more than 100 employees.

**Schedule B** - Based on specific type of Business

- APARTMENTS** - \$ 300 base plus \$2.25 per unit
- BANKS/SAVINGS & LOANS** - \$410 plus \$260 each additional branch in Glendale

**Schedule B - Cont.**

**HOSPITALITY**

- Hotel/Motel, 1-50 units - \$300 base
- Hotel/Motel, 1-50 units w/restaurant or bar - \$345 base plus \$2.25 per unit
- Hotel/Motel, 51-plus units - \$300 base plus \$2.25 per unit
- Hotel/Motel, 51-plus units w/restaurant or bar - \$345 base plus \$3.50 per unit

**INSURANCE/REAL ESTATE** - See schedule A - licensed individuals whose firms hold membership may join for \$275

**CHARITABLE ORGANIZATIONS** - \$175

**PROFESSIONAL (ACCOUNTANTS, ATTORNEYS, DOCTORS)** - See schedule A - additional professionals in member offices - \$125

**RESTAURANTS, CAFES, AND TAVERNS** - \$260 base first 50 seats, add \$1.50 per seat over 50

**ASSOCIATE MEMBERS** - \$160

**Total Number of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_**

Dues: \$ \_\_\_\_\_

Set-up Fee: \$ 25.00

Addtl. Classification @ \$30.00 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Main Bus. Classification**

Description: \_\_\_\_\_

**Additional Bus. Classification @ \$30.00 Each**

Description: \_\_\_\_\_

Description: \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

**Method of Payment:**

- Check Enclosed  Visa  Master Card  Discover

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp: \_\_\_\_\_ CVC: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

We hereby agree to membership in the Glendale Chamber of Commerce, to be renewed each year until cancelled in writing.

\_\_\_\_\_  
**Membership Agreement Signature:**

\_\_\_\_\_  
**Chamber Representative:**

Return Application by Mail,  
Fax, or E-mail to:

200 South Louise Street  
Glendale, CA 91205  
Tel: (818) 240-7870  
Fax: (818) 240-2872  
info@glendalechamber.com