

GLENDALE CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Name: _____
Last
First
Title

Company Name: _____ Date: _____

Address: _____
Street
City
Zip Code

Telephone: _____ Fax: _____

Email: _____ Main Business Classification: _____

Web address: _____

Date Business Established: _____ Total Number of Employees: FT _____ PT _____

Schedule A

Based on number of full-time employees for all types of businesses not shown in Schedule B.

Number of Employees	Annual Investment
1-5	\$330
6-10	\$375
11-20	\$420
21-30	\$490
31-40	\$550
41-50	\$630
51-75	\$705
76-100	\$855

Please call the Chamber office for dues for 100 or more employees.

OR

Schedule B

Based on specific type of business.

Apartments: \$310 base plus \$2.25 per unit

Banks/Savings & Loans: \$420 plus \$260 for each additional branch in Glendale

Hospitality:

Hotel/Motel: \$310 base plus \$2.25 per unit

Hotel/Motel with restaurant or bar: \$410 base plus \$3.25 per unit

Hospitals: \$330 base plus \$1.25 per bed

Charitable Organizations [501(c)3]: \$205

Restaurants, Cafes, and Taverns: \$290 base first 50 seats, \$1.50 per seat over 50

Individuals can also purchase a separate associate membership to be included as a representative of a parent member business. Please contact the Chamber office for more information.



GLENDALE

Chamber of Commerce

Please Return Application by Mail, Fax, or Email to:

701 N. Brand Blvd.
 Suite 120
 Glendale, CA 91203

Tel: (818) 240-7870
 Fax: (818) 240-2872

info@glendalechamber.com

Chamber Representative: _____

Base Dues: _____

Set-up Fee: _____

Additional Business Classifications: 0/\$0 1/\$20 2/\$30 3/\$40 4/\$50 _____

Amount Enclosed:

Method of Payment: Check Enclosed Visa Mastercard Discover

Card Number: _____

Expiration: _____ Billing Zip Code: _____ CVC: _____

Name on Card: _____

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

Membership Agreement Signature: _____

GLENDALE CHAMBER OF COMMERCE BUSINESS DESCRIPTION

Information provided on the form below will appear in our digital and print directories to help guide customers to your business. This information can also be provided to other Chamber Members in the form of referrals.

Public Representative Name: _____

Business Name: _____

Website: _____ Email: _____

Phone: _____ Fax: _____

Address: _____
Street City Zip Code

Business Description: _____

CONNECT YOUR EMPLOYEES

Would you like for your employees to receive email correspondence from the Glendale Chamber? Keep them connected to the business community and key Chamber events.

(The Chamber does not share this information with any third parties)

PLEASE RETURN AP-
PLICATION BY MAIL,
FAX, OR EMAIL TO:



701 NORTH BRAND BLVD., STE. 120, GLENDALE, CA 91203
OFFICE PHONE: 818-240-7870 FAX: 818-240-2872

INFO@
GLENDALECHAMBER.COM