

Membership Application

COMPANY INFORMATION

Business Name		
Billing/Mailing Address <small>(all postal mail will be sent to this address - it will not be shared publicly)</small>		
Street Address <input type="checkbox"/> same as Billing/Mailing Address <small>(will be listed on NACC website and included on other publicly distributed lists and publications)</small>		
Phone	Fax	Email
Website		Facebook
Business Description <small>(attach additional sheet if necessary)</small>		

PRIMARY CONTACT INFORMATION

Name	Title
Phone <input type="checkbox"/> office <input type="checkbox"/> cell	Email

BILLING CONTACT INFORMATION same as Primary Contact

Name	Title
Phone <input type="checkbox"/> office <input type="checkbox"/> cell	Email

REFERRED BY:

APPLICATION ACKNOWLEDGEMENT

The above-named company hereby applies for membership in the Norco Area Chamber of Commerce & Visitors Center, and acknowledges that membership will become effective upon review of the application by the NACC Board of Directors. Membership effective date, and month of annual renewal, is determined by the date of the application.

Signature: _____ Date: _____

ANNUAL INVESTMENT

- 1 to 5 Employees\$125
- 6 to 19 Employees.....\$150
- 20 to 49 Employees\$180
- 50 to 99 Employees\$240
- 100 to 149 Employees\$300
- 150 to 199 Employees\$375
- 200 to 249 Employees\$450
- 250 to 299 Employees\$525
- 300 to 399 Employees\$600
- 400 to 499 Employees\$675
- 500 to 599 Employees\$750
- 600 or more Employees ..\$825
- Non-Profit Organization\$100
(Maximum 1 paid staff member)

PAYMENT INFORMATION

Total Payment: \$_____ Investment + \$25.00 one-time administrative fee = \$_____

Check enclosed, payable to Norco Area Chamber of Commerce

Please Charge my Credit Card:

Card Number: _____

Exp. Date: _____/_____/_____ Security Code: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please use this credit card information to automatically renew my membership each year.