

Official Application For Grays Harbor Chamber of Commerce Membership



Company Name _____
(as you want it listed-please print)

Mailing Address _____ City _____ St. _____ Zip _____

Physical Address _____ City _____ St. _____ Zip _____

Billing Address _____ City _____ St. _____ Zip _____

Phone(s) _____ Fax _____

May we send you faxes? Yes _____ No _____ May we list your fax? Yes _____ No _____

Email Address _____

May we send you email? Yes _____ No _____ May we list your email? Yes _____ No _____

Website _____

May we list your website? Yes ___ No ___ Would you like a reciprocal link from our website? Yes _____ No ___

Business Classification (Where would we find you in the phone book yellow pages?) _____

Primary Contact	Other Contact/s
Title	Title
Phone	Phone
Email	Email

Number of FTE Employees _____
 Number of Seats _____
 Other _____
 Membership Investment Amount \$ _____
 Initial Processing Fee \$ 30.00 _____
 Other \$ _____
 Total \$ _____

The purpose of the Grays Harbor Chamber of Commerce is to make Grays Harbor a better place to live, visit, and transact business; by providing **A**dvocacy, **B**usiness assistance, **C**onnections, and **D**ata; thus creating a positive business climate in which firms can earn a fair profit, create jobs, and improve the quality of life.

Authorized Signature _____

Print Name _____

Title _____

Membership dues in the Grays Harbor Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. The Chamber is not a charity, and dues are not a charitable tax deduction. The Chamber serves as a business advocate. Check with you tax professional.

THANK YOU FOR YOUR SUPPORT

OFFICIAL USE ONLY

New Member Packet _____

Chamber Guide _____

Salesperson _____

Newsletter Article _____

Newsletter Month _____

Referred by _____

Membership Date:
