



The Village at River's Edge
 1241 W. Village Main Drive, Suite B
 West Valley City, Utah 84119
 Phone: 801-977-8755
 Fax: 801-977-8FAX (8329)
 www.chamberwest.org

Sustaining Partners:



:: MEMBERSHIP APPLICATION ::

Referred by: _____

Organization Name: _____

Physical Location: _____ Room, Suite., Apt. _____

Physical City, State, Zip: _____ Main Phone #: _____

Website URL: _____ (dot) _____ (dot) _____

Company e-mail: (opt.) _____

(The email address listed here is not subject to the chamber privacy policy and shall be published, and/or distributed to members.)

Category : _____ (i.e. Financial Institution, Dept. Store, Contractors, etc)
(As your organization would likely be listed under in the yellow pages.)

:: CONTACTS ::

Please include your direct fax number and e-mail address so that the chamber may effectively communicate with the membership. E-mails and fax numbers listed below are private and are not sold nor distributed through the chamber per our Privacy Policy.

Main Contact

A company's Main Contact will receive all print and electronic communications in addition to invoices.

Main Contact Name: _____

Mr. Mrs. Ms. Dr. Other

Title: _____ Location: At office above Alternate location

Direct Phone #: _____ Direct Fax #: _____

E-mail address: (Req'd) _____
(private information)

Secondary Contact

The Secondary Contact will also receive print and electronic communication.

Secondary Contact Name: _____

Mr. Mrs. Ms. Dr. Other

Title: _____ Location: At office above Alternate location

Direct Phone #: _____ Direct Fax #: _____

E-mail address: (Req'd) _____
(private information)

Additional Contact

Additional contact will only receive electronic communication.

Additional Contact *(if applicable):* _____

Mr. Mrs. Ms. Dr. Other

Title: _____ Location: At office above Alternate location

Direct Phone #: _____ Direct Fax #: _____

E-mail address: (Req'd) _____
(private information)

This section is for companies who have a different mailing and/or billing address than the physical location listed above.

Mailing Address *(if different from street address above)*

Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____ Billing Phone Number: _____

:: CHAMBER OF COMMERCE MEMBERSHIP DUES ::

CHECK THE APPROPRIATE BOX

Individual / Agent..(i.e. possess a professional license or home-based business license)\$180

<u>Basic Tier – 2 to 20 empl.</u>	
O Basic Executive <small>(2-10 employees)</small>	\$232
O Chamber Member <small>(11-20 employees)</small>	\$366

Available for businesses up to 20 employees

<u>Standard Tier – 21-99 empl.</u>	
O Standard Executive <small>(21-50 employees)</small>	\$567
O Standard Member <small>(51-99 employees)</small>	\$824

Available for businesses up to 99 employees

<u>Corporate Tier – 100+ empl.</u>	
O Copper Club	\$1,030
O Gold Club	\$2,060
O Director's Club	\$3,605

Available for businesses of all sizes

A. Number of PT Employees FT Employees

B. Membership Dues \$ _____

C. Add on events from *ChamberWest Event Price List* +\$ _____

D. Application Fee (required for all memberships) +\$ 35

E. Total Membership Investment (add B + C + D together) \$

:: VOLUNTEER / AREAS OF SERVICE ::

Which Committee events would you like to be involved with and receive committee e-mails? (check appropriate boxes)

Hard Hat Club Best of the West Ambassadors Education Committee Events Committee
 Government Action Committee Membership Committee Professionals Networking Group (PiNG)
 Week at a Glance (Required) Women's Information Network (WIN) Monday Marketing Club

Manage your email lists by visiting <http://www.chamberwest.org/emailmanager>

:: CONSENT/ACCEPTANCE SIGNATURE ::

I also submit my application for membership to ChamberWest, the Chamber of Commerce for West Valley City, Taylorsville and Kearns. In accordance with FCC regulations, my signature below acknowledges that I give written consent to ChamberWest to send e-mails and faxes to me regarding community events and chamber functions, which may include chamber-centered commercial promotion. I accept this benefit as part of my membership. **Application must be signed to be complete.**

Signed: _____

Date: _____, 2010

<input type="checkbox"/> Check & Chk #: _____ (please make payable to 'ChamberWest') <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> American Express Name on Card: _____ Credit Card Number: _____ Credit Card Billing Address: _____ _____ Expiration Date: _____ Signature: _____	<p>or Visit ChamberWest.org and pay securely online using VISA, Mastercard or American Express.</p> <ul style="list-style-type: none"> Simply enter www.chamberwest.org/join into your favorite browser. <p>For any questions or comments, please call 801-977-8755 Monday-Friday during normal business hours.</p>
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Civic Partners



Effective: January 1, 2010