

INVITATION FOR SUCCESS!

Company Name: _____ Phone #: _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Business Email Address: _____

(All General Emails Will Go To This Address)

Website: _____

Business Description (for website): _____

Hours Of Operation: _____

Search Engine Keywords: _____

ARE YOU A HOME BASED BUSINESS: YES NO #OF FULL-TIME EMPLOYEES: _____ PART-TIME: _____

We encourage you to add all representatives to your contact list.
Please add additional representatives on a separate sheet.

Primary Contact: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Billing Contact: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Additional Contact: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Additional Contact: _____ Title: _____

E-Mail: _____ Cell Phone: _____

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Select one of the following

<input type="checkbox"/> Tier 1	\$ 270	<input type="checkbox"/> Tier 3	\$ 600	<input type="checkbox"/> Tier 5	\$ 1,800
<input type="checkbox"/> Tier 2	\$ 400	<input type="checkbox"/> Tier 4	\$ 1,200	<input type="checkbox"/> Tier 6	\$ 5,000

Friend \$129

PLEASE REFER TO MEMBER BENEFITS GUIDE FOR MORE INFORMATION.

Check/Cash

Credit Card (Visa/Mastercard only – complete information below)

Name on Card: _____ Zip Code: _____

CC#: _____ EXP: _____ SEC: _____

Referred to Chamber by: _____

By providing my mailing address, e-mail address, telephone and fax numbers, I consent to receive communications sent by or on behalf of the Post Falls Chamber of Commerce, its subsidiaries and affiliates. If you do not want to receive e-mail updates, please contact the Chamber office by phone or at info@postfallschamber.com.

SIGNATURE: _____ **DATE:** _____

ADDITIONAL NOTES: _____
