



MEMBERSHIP APPLICATION

The Greater Marysville Tulalip Chamber of Commerce
 8825 34th Avenue NE, Suite C, Tulalip, WA 98271
 (360) 659-7700 | Fax (360) 653-7539
 Office Email: MemberSupport@marysvilletulalipchamber.com

OFFICE USE ONLY

- App Complete
- Payment / QB
- Chamber Master
- Login/Password
- E-newsletter
- Website

The information you provide about your business will only be used in the Chambers printed and online Business Directory, as well as in our database.

PLEASE TYPE OR PRINT CLEARLY TO ENSURE THAT YOUR INFORMATION IS LISTED CORRECTLY.

* = required

Business Name: _____
 Street Address: _____ City _____ St _____ Zip _____
 Mailing Address: _____ City _____ St _____ Zip _____
 Phone#1: _____ Phone#2: _____
 Fax: _____ Website: www. _____
 Contact [Primary]: _____ Title _____ Email _____
 Contact [Billing]: _____ Title _____ Email _____
 Contact: _____ Title _____ Email _____
 Type of Business: _____
 Date Established: _____ * # of Full Time Employees: _____ * # of Part Time Employees: _____

Please check the contact information you would like published in our directories and online? Address Phone Fax Email

Why did you join the Chamber?: Referrals & Exposure Networking Benefits & Services
 Government Representation Community Support Participation

Did a Chamber member refer you to us? Name: _____ Company: _____

Are you interested in participating in or receiving more information about any of the following Chamber activities & promotional opportunities? Please check all that apply.

- Sponsoring Chamber events or programs to showcase your business?
- Hosting a Business After Hours event at your place of business?
- Joining a Committee: Emissaries (Outreach) Government Affairs Board of Directors Events

Payment Information:	Annual Base Investment: \$
	FTE Employees - \$5 ea \$
	Administrative Fee \$ 50.00
	Total Investment \$

Communication:
I authorize the Chamber to communicate with me by email regarding Chamber events and announcements.
Email: <input type="checkbox"/> Yes <input type="checkbox"/> No

Credit Card #: _____ Exp Date: _____ Code on Back: _____ Zip Code: _____

We agree to honor this membership in accordance with The Greater Marysville Tulalip Chamber of Commerce Bylaws. (A copy of The Greater Marysville Tulalip Chamber of Commerce Bylaws is available upon request.)

* Authorized Signature: _____ Title: _____ Date: _____



**Additional Business Information for
Public Display and Chamber Website**

*** Narrative Description of Business:** (120 character max) _____

Hours of Operation:

- Monday:
- Tuesday:
- Wednesday:
- Thursday:
- Friday:
- Saturday:
- Sunday:

Driving Directions or Landmarks: _____

Please provide up to **six (6) keywords** that site users can search to find your business online:

_____	_____
_____	_____
_____	_____

*** Would you like to offer a Member to Member discount?** Yes No
If Yes, Member to Member Discount Offer: _____

*** Would you like to offer a Hot Deal coupon available to all?** Yes No
If Yes, HOT DEALS Coupon Offer: _____

You may fax this information to us at (360) 653-7539 or email at MemberSupport@MarysvilleTulalipChamber.com

**The Greater Marysville Tulalip Chamber of Commerce
Thanks you for your support and commitment to your community.**