



WALLA WALLA VALLEY CHAMBER OF COMMERCE

NEW MEMBER APPLICATION FORM

COMPANY INFORMATION

Company/Organization name _____

Representative/Contact person _____

Street address _____ Telephone _____

Mailing address _____ Fax _____

City _____ State _____ Zip _____

Email* _____ Website _____

*We will send you notifications by email; however, your email address will not be published in our directories.

Hours of operation _____

COMPANY DESCRIPTION

Tell us more about your company. Let us know what products and services you offer and what makes your company unique. This description will be displayed with your listing on the Chamber's online member directory. Please use 300 characters or less (including spaces).

NUMBER OF EMPLOYEES

Full-time staff count as 1, while each part-time staff count as 0.5. For example, 3 full-time staff and 2 part-time staff equal 4 full-time equivalent (FTE).

Full time _____ + Part time _____ = FTE _____

MEMBERSHIP FEE

Annual Investment amount \$ _____

Paid by: ___ Monthly ACH ___ Monthly CC ___ CC ___ Check (# _____)

Card # _____ Exp. Date _____ Billing Zip _____ CSV _____

For ACH: Account # _____ Routing # _____

Bank Name: _____

FOR OFFICE USE ONLY

- Entered into CM/CC
- Posted on Facebook
- Advertised in VBN
- Emailed login information