



**STANDARD MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax No. \_\_\_\_\_

Billing Address: \_\_\_\_\_  
State Zip

Mailing Address: \_\_\_\_\_  
State Zip

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business License #: \_\_\_\_\_

Business Description: \_\_\_\_\_

**STANDARD MEMBERSHIP - \$380 per year or \$95.00 per quarter**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

Walla Walla Valley Plan Center  
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Email: mmiller@wwwchamber.com