



THE
Plan Center
WALLA WALLA VALLEY
CHAMBER OF COMMERCE

VIRTUAL 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: _____

VIRTUAL MEMBERSHIP - \$720 per year or \$180.00 per quarter

Company Name

Signature

Walla Walla Valley Plan Center
29 E. Sumach ~ P.O. Box 644 ~ Walla Walla, WA 99362
Phone: 509-629-1267 ~ Fax: 509-522-2038
Email: mmiller@wwvchamber.com

Please provide the following employees names and passwords.

The user name is the first initial of your first name plus your last name.

Please print clearly.

1) _____ First Name	_____ Last Name	_____ Password
2) _____ First Name	_____ Last Name	_____ Password
3) _____ First Name	_____ Last Name	_____ Password
4) _____ First Name	_____ Last Name	_____ Password
5) _____ First Name	_____ Last Name	_____ Password
6) _____ First Name	_____ Last Name	_____ Password
7) _____ First Name	_____ Last Name	_____ Password
8) _____ First Name	_____ Last Name	_____ Password