



1108 Solano Avenue
 Albany, CA 94706
 (510) 525-1771
 albanychamber@albanychamber.org

MEMBERSHIP APPLICATION

Date of Application: _____, 20____

* Name of Company: _____

* Business or Mailing Address: _____

Contact Name: _____

* Phone Number with area code: _____

E-mail Address: _____

* Web Site Address: _____

* Type of Business: Briefly describe your business –
 Indicate if it falls into multiple categories,
 such as “sell gift cards & have UPS pick-up” _____

Indicate amount of Dues paid (see schedule below) \$_____

Schedule of Chamber Dues:	<i>Associate (property owners, those not operating businesses)</i>	\$60
	<i>Single owned and operated business</i>	\$95:
	<i>Two to five employees</i>	\$125
	<i>Six to fifteen employees</i>	\$175
	<i>Sixteen to twenty five employees</i>	\$225
	<i>Twenty-Six to one hundred employees</i>	\$300
	<i>One Hundred one +; banks; title companies; utilities</i>	\$350

All dues are based upon one (1) calendar year.
 Please make your check payable to: **The Albany Chamber of Commerce**

We are a 501 (c) 6 non-profit organization. Our employer identification number is: 94-1042262.

* Unless otherwise instructed, we will include all items with * asterik in Chamber Directory & on Chamber website

Chamber Only: Date of computer record entry _____ Check Amt. \$ _____ Check # _____