



ESCONDIDO
Chamber of Commerce
Membership Application

Business Name _____ Date _____

Contact _____ Title _____

Business Phone _____ Cell _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Website _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Business Type / Classification _____

Brief Description of Business _____

Number of Full Time Employees _____ Part-Time _____

Print Name _____

Signature _____ Title _____

E-mail an invoice for payment by credit card

I will send a check payable to the Escondido Chamber of Commerce

Annual Membership Investment \$ _____ + Initial Process Fee (one time only) \$25.00 = _____

Your membership investment may be a tax-deductible business expense. It is not a deductible as a charitable contribution.

Business Membership

1-3	Employees	\$300	40-69	Employees	\$775
4-10	Employees	\$365	70-100	Employees	\$925
11-19	Employees	\$475	101-199	Employees	\$1200
20-39	Employees	\$600	200+	Employees	Call for rate

Non-Profit Membership \$300.00 Please provide a copy of your tax determination letter.