



**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.