



Chowchilla District Chamber of Commerce

Application for Membership

Business Name: _____

Street Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____ Company Website: _____

Type of Business: _____

Number of Full-time Employees: _____ Number of Part-time Employees: _____

Main Contact: _____ Title: _____

You may designate the following people to be representative members of the Chamber of Commerce. The "Main Contact" listed above will receive all Chamber mailings.

Name: _____ Title: _____

Address: _____ City: _____ State: ____ ZIP: _____

Name: _____ Title: _____

Address: _____ City: _____ State: ____ ZIP: _____

Membership dues for the Chowchilla District Chamber of Commerce paid by your business are TAX DEDUCTIBLE as an ordinary and necessary business expense, not as a charitable deduction for Federal tax purposes.

Signature: _____ Title: _____ Date: _____

Fair Share Investment Schedule

Retired	\$ 25
Non-Profit Clubs and Organization	\$ 75
Individual &/or Home Based	\$ 75
0-5 Employees	\$100
6-20 Employees	\$125
21-50 Employees	\$150
51-100 Employees	\$175
101 & Over	\$200

Part-time employees count as 1/2 Full-time

- All owners, partners, managers, commissioned sales people and licensed associates are employees.
- Two part-time employees are considered to be one full-time employee.
- Wholesalers & Delivery Companies: Investment is determined by number of employees serving in the Chowchilla area.