

SIGNATURE

MEMBERSHIP APPLICATION

BUSINESS NAME		Year E	Year Business Started	
FIRST NAME L	AST NAME	# OF I	EMPLOYEES	
		<i>"</i> O	FULL TIME———	
TITLE			PART TIME———	
RUSINESS ADDRESS	APT/SIII	TE		
BUSINESS ADDRESSAPT/SUITE		'L BUSIN	NESS STATUS	
CITY	STATE ZID		HOME BASED	
			POP UP	
☐ Please check here if above is a residential address	ESTABLISHED DATE		ARTISAN COMMUNITY	
BUSINESS TYPE / CATEGORY			SOLE PROPRIETOR	
MAIN PHONE ()		_		
			LGBT OWNED MINORITY OWNED	
MOBILE ()			WOMAN OWNED	
OTHER ()			VETERAN OWNED	
E-MAIL		_	OTHER	
WEB			TERESTED IN:	
			RIBBON CUTTING	
SOCIAL MEDIA		_		
HOW DID YOU LEARN ABOUT THE CHAMBER?			NETWORKING	
SELECT YOUR MEMBERSHIP FEE (based on number of em	ployoos):		MARKETING	
	ployees). hip Levels (call for benefit info)		SCHOLARSHIP	
□ \$275.00 6 to 10 □ \$ 2,500.00 Sterling C			BUSINESS ADVOCACY	
□ \$350.00 11 to 20 □ \$ 5,000.00 Gold Circl			OTHER	
□ \$500.00 21 to 50 □ \$10,000.00 Blue Circl □ \$625.00 51 to 150 □ \$30,000.00 Platinum				
□ \$1,100.00 151 to 200 □ \$45,000.00 Diamond				
□ \$1,600.00 201 to 251 □ \$60,000.00 Exclusive				
□ \$50.00 Artisan and Non-business individual perso	on			
SELECT MARKETING OPTIONS (in addition to Membership □ \$500.00 Executive Visibility Package includes CEO visi □ \$60.00 per month □ \$175.00 every 3 months □ \$60	t with Media coverage, YouTube posting, and 3		ight	
\$ TOTAL from above	Payment: Check Visa Ma	astercard 🗆 AME	EX	
CARDA	HIMDED	EVDIDAT	TON DATE	
CARD N Provide	IUMBER	EXPIRAT m above address in b	olank area under total	
	oroan oura bining address in the amoretic no	m abovo adarooo m k	Jank aroa amasi totan	
NAME A	AS IT APPEARS ON CARD		CCV/CCID ZIP	
I authorize the Daly City Colma Chamber of Commerce to o				
card provided herein. I agree to pay for this purchase in ac			nip on-line www.dccchamber.	
			ail completed application	
I authorize the Chamber to email me regarding Chamber m		to the address	Delow.	
and business news. I authorize the Chamber to publish my				
the Chamber's eNewsletter and other publications. Membership Applications are subject to Executive			Complete form on-line https://bit.ly/3QqKGfW	
Board of Directors approval.		等注 / 1979		
☐ Membership shall be continuous unless canceled by written resignation.		bac mile	Download paper application: https://bit.ly/dcccmembershi	
APPLICATION/PAYMENT ENDORSEMENT			intps://bit.iy/decemenibersin	
X	DATE		2024120	