



MEMBERSHIP APPLICATION

BUSINESS NAME _____

Year Business Started _____

FIRST NAME _____ LAST NAME _____

OF EMPLOYEES

FULL TIME _____

TITLE _____

PART TIME _____

BUSINESS ADDRESS _____ APT/SUITE _____

BUSINESS STATUS

CITY _____ STATE _____ ZIP _____

HOME BASED

Please check here if above is a residential address

ESTABLISHED DATE _____

POP UP

BUSINESS TYPE / CATEGORY _____

ARTISAN COMMUNITY

MAIN PHONE (_____) _____ EXTENSION _____

SOLE PROPRIETOR

MOBILE (_____) _____

B CORPORATION

OTHER (_____) _____

LGBT OWNED

E-MAIL _____

MINORITY OWNED

WEB _____

WOMAN OWNED

SOCIAL MEDIA _____

VETERAN OWNED

HOW DID YOU LEARN ABOUT THE CHAMBER? _____

OTHER _____

I'M INTERESTED IN:

RIBBON CUTTING

NETWORKING

MARKETING

SCHOLARSHIP

BUSINESS ADVOCACY

OTHER _____

SELECT YOUR MEMBERSHIP FEE (based on number of employees):

- \$195.00 1 to 5 **Business Focused Membership Levels (call for benefit info)**
- \$275.00 6 to 10 \$ 2,500.00 Sterling Circle
- \$350.00 11 to 20 \$ 5,000.00 Gold Circle
- \$500.00 21 to 50 \$10,000.00 Platinum Circle
- \$625.00 51 to 150 \$25,000.00 Blue Circle
- \$1,100.00 151 to 200 \$60,000.00 Exclusive Circle
- \$1,600.00 201 to 251
- \$50.00 Artisan and Non-business individual person

SELECT MARKETING OPTIONS (in addition to Membership Fee):

- \$500.00 Circle level includes CEO visit with Media coverage, YouTube posting, and 3.0 e-Newsletter Spotlight
- \$60.00 per month \$175.00 per quarter \$600.00 per year Advertising on the 3.0 e-Newsletter

\$ _____ TOTAL from above

Method Payment: Check Visa Mastercard AMEX

CARD NUMBER _____ EXPIRATION DATE _____ / _____

Provide Credit Card Billing address if it is different from above address in blank area under total.

NAME AS IT APPEARS ON CARD _____ CCV/CCID _____ ZIP _____

I authorize the Daly City Colma Chamber of Commerce to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Credit card will be charged on annual membership renewal date. Dues are subject to the approval of the Board of Directors and may be a TAX DEDUCTIBLE item.

I authorize the Chamber to email me regarding Chamber membership benefits, invoices, economic, and business news. I authorize the Chamber to publish my name, photo and/or business information in the Chamber's eNewsletter and other publications. Membership Applications are subject to Executive Board of Directors approval.

Membership shall be continuous unless canceled by written resignation.

APPLICATION/PAYMENT ENDORSEMENT

X _____ DATE _____
SIGNATURE

Submit membership on-line www.dccchamber.org/join.php or Mail completed application to the address below.



Complete form on-line <https://bit.ly/3QqKGfW>

Download paper application: <https://bit.ly/dcccmembership>

20240721-f