



APPLICATION FOR MEMBERSHIP

201 S. Magnolia Ave., El Cajon, CA 92020
Phone - 619-440-6161 Fax -619-440-6164

Application is hereby made for membership in the San Diego East County Chamber of Commerce. Enclosed herewith is payment for my/our initial membership term in the amount of \$ _____ covering the period of _____ to _____. Add \$25 one-time Admin. Fee Total: \$ _____

I/We agree to remit the annual membership dues investment on or before the 10th of the month due each year unless I/we notify the Chamber in writing that we want to discontinue our membership affiliation. I/We understand and agree that the Chamber membership plaque, which will be provided upon acceptance of our membership, may be displayed at our place of business as long as our dues are current, but that it remains the property of the Chamber of Commerce, and will be returned to the Chamber if my membership terminates. It is mutually agreed that the Chamber will provide a variety of services and opportunities for participation, which are designed to enhance contacts within the East County community through which we can promote business development. The Chamber retains the right to modify benefits at any time.

I/We understand that the Chamber, as one of its fundamental purposes, promotes and represents the highest standards of ethics in business, and as a member, we commit to maintain such standards in the conduct of our business. I/We understand that upon acceptance of this application, evidenced by the signature of a Chamber representative, the terms of this application become the terms of the membership contract, and that the payment of annual membership dues on or before the 10th day of the month due each year is an integral part of this contract. I/We also understand and agree that if I/we have a contract for advertising in the East County Business News, a monthly newsletter published by the Chamber, that I/we will not allow our membership to lapse, nor cancel our membership in the Chamber during the period covered by the advertising contract.

| | | | |
|--|----------------------------|--------------------------------|--|
| _____ Name of Firm | | _____ Nature of Business | |
| _____ Street Address (include suite number) | | _____ City, State, Zip Code | |
| _____ # Employees | _____ Owner (Full Name) | | _____ Main Contact Person (Full Name) |
| _____ Phone # | _____ Fax # | _____ E-Mail Address | _____ Website Address |
| _____ Signature | | _____ Title | |

Sherral Bearss
Signature of Chamber Representative Date

Visa _____ MasterCard _____ Am Exp _____ Name on card _____

Acct # _____ Billing Address incl Zip _____

** *Authorized signature* _____ Exp _____ CCV code _____



201 S. Magnolia Ave., El Cajon, CA 92020
Phone - 619-440-6161 Fax -619-440-6164

Email : eccham@eastcountychamber.org Website: www.eastcountychamber.org

ANNUAL MEMBERSHIP INVESTMENT

The annual base membership is \$285 plus an additional \$5 for each full-time employee.

There is a one time only processing fee of \$25

EXAMPLE:

A business with 5 full-time employees:

| | | | |
|-------------------------------|-------|-----------|-------|
| Initial Membership Investment | \$285 | | |
| 5 full-time employees | | 25 | |
| one time processing fee | | <u>25</u> | |
| Total | | | \$335 |

Thank you for your membership. We look forward to an exciting year!