

CHAMBERWEST

Regional Chamber of Commerce

Main Offices:

Village at River's Edge
1241 W. Village Main Dr.
Unit B
West Valley City, UT 84119
801-977-8755 :: 801-977-8FAX
www.chamberwest.org

CHAIRMAN'S CIRCLE SUPPORTERS



Referred by: _____

:: MEMBERSHIP APPLICATION ::

Organization Name: _____

Physical Location: _____ Room, Suite., Apt. _____

Physical City, State, Zip: _____ Main Phone #: (____) _____

Website URL: _____ (dot) _____ (dot) _____

Company e-mail: (opt.) _____

(The email address listed here is not subject to the chamber privacy policy and shall be published, and/or distributed to members.)

Category : _____ (i.e. Financial Institution, Dept. Store, Contractors, etc)
(As your organization would likely be listed under in the yellow pages.)

Public Information:
The information entered to the right is available to the chamber staff, membership and the community for publication and distribution as publically accessible information.

:: CONTACTS ::

<p>Main Contact Name: _____ <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other</p> <p>Title: _____ Location: <input type="radio"/> At office above <input type="radio"/> Alternate location</p> <p>Direct Phone #: (____) _____ Direct Fax #: (____) _____</p> <p>E-mail address: (Req'd) _____ Birthday: (MM/DD) ____ / ____ <small>(private information)</small></p>	<p>Main Contact A company's Main Contact will receive all print and electronic communications in addition to invoices.</p>
<p>Secondary Contact Name: _____ <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other</p> <p>Title: _____ Location: <input type="radio"/> At office above <input type="radio"/> Alternate location</p> <p>Direct Phone #: (____) _____ Direct Fax #: (____) _____</p> <p>E-mail address: (Req'd) _____ Birthday: (MM/DD) ____ / ____ <small>(private information)</small></p>	<p>Secondary Contact The Secondary Contact will also receive print and electronic communication. <i>Corporate Level members can add additional contacts by attaching the same information on another sheet.</i></p>

SUSTAINING PARTNERS



:: CHAMBER OF COMMERCE MEMBERSHIP DUES ::

CHECK THE APPROPRIATE BOX

Includes: Membership in both ChamberWest and East Valley Chambers, Benefits-365™ and access to all Events & Functions in both.

Individual / Agent..(i.e. possess a Utah professional license or home-based business license)\$188

Basic Tier – 2 to 20 empl.	
O Basic Executive (2-10 employees)	\$241
O Chamber Member (11-20 employees)	\$380

Available for businesses up to 20 employees

Standard Tier – 21-99 empl.	
O Standard Executive (21-50 employees)	\$590
O Standard Member (51-99 employees)	\$858

Available for businesses up to 99 employees

Corporate Tier – 100+ empl.	
O Copper Club	\$1,071
O Gold Club	\$2,142
O Director's Club	\$3,785

Available for businesses of all sizes

:: MEMBERSHIP CALCULATOR ::

- A. Number of PT Employees _____ FT Employees.....
- B. Membership Dues (required)\$ _____
- C. Add ons (voluntary and discounted at new member signup)
 - ⇒ Star listing on chamberwest.org/directory (top of the category listings)..... +\$ 30/Yr
 - ⇒ Ambassadors Vest and Badge+\$ 65/one time
 - ⇒ Banner ad on www.chamberwest.org+\$ 20/Month
- D. Application Fee (required for all memberships)+\$ 35/one time
- E. Total Membership Investment (add B + C + D together).....\$ _____

Which Committees would you like to be involved with and receive committee e-mails? (check appropriate boxes)

- Hard Hat Club
- Government Action Committee
- Business Journal (Required)
- Best of the West Ambassadors
- Events Committee (Golf, Chamber night)
- Women in Business (WIB)
- Education Committee
- Professionals Networking Group (PiNG)

Manage your email lists by visiting <http://www.chamberwest.org/emailmanager>

:: CONSENT/ACCEPTANCE SIGNATURE ::

I submit my application for membership to ChamberWest Chamber of Commerce, the Chamber of Commerce for West Valley City, Taylorsville and Kearns. In accordance with FCC regulations, my signature below acknowledges that I give written consent to ChamberWest to send e-mails and faxes to me regarding community events and chamber functions, which may include chamber-centered commercial promotion. I accept this benefit as part of my membership. **Application must be signed to be complete.**

Signed: _____

Date: _____, 2012

Check & Chk #: _____ (please make payable to 'ChamberWest')

Mastercard VISA American Express

Name on Card: _____

Credit Card Number: _____

Credit Card Billing Address: _____

Expiration Date: _____

Signature: _____

or Visit ChamberWest.org and pay securely online using VISA, Mastercard or American Express.

Simply enter www.chamberwest.org/join into your favorite browser.

For any questions or comments, please call 801-977-8755 Monday-Friday during normal business hours.

Join Today by Scanning the QR Code _____>



Civic Partners

