



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

CONTACT PERSON	TITLE	BUSINESS NAME
BUSINESS ADDRESS		CITY / STATE / ZIP
PHONE NUMBER	EMAIL ADDRESS	WEBSITE
BUSINESS / OCCUPATION DESCRIPTION		

MEMBERSHIP CATEGORIES *(check one)*

☐ Professional / Individual Business Owner	\$150	☐ Friends of the Chamber	\$100
☐ 2 – 10 Employee Business	\$200	☐ Non-Profit Organization (501c3)	\$150
☐ 11 – 25 Employee Business	\$400	☐ Government Agency	\$500
☐ 26 – 50 Employee Business	\$1,000		

PAYMENT METHOD

☐ Check (payable to CVACC)	☐ Venmo: @lesedman	☐ Credit / Debit Card
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Credit / Debit Card Information (complete only if paying by card). Payments can be made over the phone by calling (209) 405-2630.

CARD NUMBER	EXPIRATION DATE	CVC	BILLING ZIP

AUTHORIZATION

By signing below, I confirm that the information provided is accurate.

AUTHORIZED SIGNATURE	PRINTED NAME	DATE