

Membership Application

Owner(s) Name:	
Contact Person for all mailings:	
Business Name:	
Email Address:	
Telephone:	
Business Address:	_
City, State & Zip:	
Mailing Address (if different from above):	_
City, State & Zip:	
Web Page Address:	
Type of Business:	
Years in Business: Number of Employees:	
Signature: Date:	_
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Membership Dues: \$ 99 for FIRST-TIME New Chamber Members \$ 125 for membership renewal

I am interested in the following areas: (check all that apply)			
ð	Business & Promotion		
ā	Community Affairs		
ð	Economic Development		
ð	Home Business Outreach		
a	Legislative Affairs		

Membership Dues	
TOTAL DUE	\$

Return this form and payment to:

Highland Area Chamber of Commerce P.O. Box 455 or 27255 Messina St., Highland, CA 92346 Phone: (909) 864-4073 Fax: (909) 864-4583 www.highlandchamber.org

For your convenience payment can be made at: https://squareup.com/store/highland-area-chamber-of-commerce