



Membership Investment Schedule

FAIR SHARE INVESTMENT - Determine your Annual Investment in the Coarsegold Chamber of Commerce based on the rates below.

NEW MEMBER—One-Time Application Fee \$25.00

All Businesses	\$120.00
Church, Charitable, and Service Organization	\$120.00
Second Business—Same Owner	\$60.00
Associate-Individual (Non-Business Individual)	\$60.00

If your business is located in the Mountain Area and you belong to your local Chamber of Commerce, you may join Coarsegold Chamber of Commerce for 1/2 the normal rate, plus the one-time application fee.

Since the Coarsegold Chamber of Commerce formed under the guidance of the Clovis Chamber of Commerce, Coarsegold members are also automatic members of the Clovis Chamber. This allows you to take part in Clovis Chamber-sponsored events and advertise in their newsletter as a member—great additional exposure for our communities!

Your membership investment in the Coarsegold Chamber of Commerce may be tax deductible as an ordinary and necessary business expense, and is continuous until resignation is submitted to the Chamber. Dues are not a charitable deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate for area business.

Coarsegold Chamber of Commerce
P.O. Box 815 • Coarsegold, CA 93614
 (559) 642-CCOC or 642-2262 • (559) 683-6039 fax (Temporary)
www.CoarsegoldChamber.com • Email: Chamber@CoarsegoldChamber.com

Application and Membership Agreement

(Please Print)

Firm or Organization _____

Contact _____ Position _____

Alt. Contact _____ Position _____

Address (physical location) _____

Address (mailing, if different) _____

Phone _____ Fax* _____

Email* _____ Website _____

Number of Employees _____

Annual Membership Dues (see schedule on reverse side) \$ _____

Total (membership dues + \$25.00 one time application fee) \$ _____

Business Category** _____ Date Business Established _____

Reason You Joined Chamber: _____

Sponsored By (person who introduced you to the Chamber) _____

Applicant Signature: _____ Date: _____

*Your information will be used by the Chamber on www.CoarsegoldChamber.com, in business directories, and other ways to identify and promote your business to members and community. By providing a fax number, you grant the Chamber permission to send unsolicited info by fax.

**We will first seek to classify your business in an existing category which may require modification to the category you requested. We will attempt to be as accurate as possible.

Method of Payment:

Check# _____ or Visa Mastercard Card Expiration Date _____

Card # _____ Signature _____

Note: Credit cards are processed by Clovis Chamber of Commerce, and will be charged approximately 3% processing fee



Mail Completed Application With Check To:

Coarsegold Chamber of Commerce
P.O. Box 815 • Coarsegold, CA 93614

Fax Credit Card Payments to (559) 683-6039

Office Use Only: _____
