

# MEMBERSHIP APPLICATION

## BUSINESS DESCRIPTION

Firm: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Method of Communication:

Phone  Email  Fax  Mail

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_

Number of Employees: Part-time: \_\_\_\_\_ Fulltime: \_\_\_\_\_

Discounts Offered to Other Members: \_\_\_\_\_

## PAYMENT INFORMATION

Billing Address: \_\_\_\_\_  
(if different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Billing Person: \_\_\_\_\_  
(if different from above)

Annual Membership: \$ \_\_\_\_\_ (see attached schedule)

**Set-Up Fee: \$ 25.00 Total: \$ \_\_\_\_\_**

Method of Payment:  Check  Cash  Credit

Name on Card: \_\_\_\_\_

Credit Card# \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I hereby apply for membership with the Carson  
Chamber of Commerce.

\_\_\_\_\_  
Signature Date Joined

## OTHER COMPANY CONTACT

Other Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## PARTICIPATION

Please check any of the following boxes next to the  
program if you are interested in participating or would  
like to learn more information.

Leadership Carson  Legislative Affairs

Economic Development  Special Events

## PERMISSION TO COMMUNICATE VIA FAX

Due to recent legislation, the Carson Chamber of  
Commerce may no longer be able to fax ANY meeting  
notice, conference promotion, program registration,  
membership renewal notice or other documents to  
members without your **signed, written consent**. Please  
fill out the section below and sign the form, indicating  
your permission for us to communicate with you via  
fax. Under new FCC regulations that may take effect in  
the near future, these communications may be  
considered "unsolicited advertisements."

\_\_\_\_\_  
Company for which consent is being provided

\_\_\_\_\_  
Name of person authorized to provide consent

\_\_\_\_\_  
Fax number(s) for which consent is provided

I understand that by providing the fax number(s) above, on  
behalf of the company/organization/ individual specified  
above, I am authorized and hereby consent for the  
company/organization/ individual to receive faxes sent by the  
Carson Chamber of Commerce.

\_\_\_\_\_  
Signature Date

**Note: (Make sure to complete application with all contact information. If you have changes in the future please call to update the information as soon as possible)**