



MEMBERSHIP APPLICATION

GREATER POULSBO CHAMBER OF COMMERCE

PO BOX 1063
19351 8th Avenue Suite 108
Poulsbo, WA 98370

Type of Business: _____

Number of FTE: _____

Contact (s): _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Email: _____

Fax: _____

Website: _____

Referred by: _____



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Membership Application

Category	Rate	Amount Paid
<input type="checkbox"/> Business 1-5 FTE	\$ 140	\$ _____
<input type="checkbox"/> Business 6-10 FTE	\$ 245	\$ _____
<input type="checkbox"/> Business 11-24 FTE	\$ 360	\$ _____
<input type="checkbox"/> Business 25 & Up	\$ 520	\$ _____
<input type="checkbox"/> Second Location	\$ 105	\$ _____
<input type="checkbox"/> Affiliate Business Associate ¹	\$ 70	\$ _____

Home Based/Other Business² \$ 100 \$ _____

Non-Profit \$ 100 \$ _____

Individual/Retired \$ 50 \$ _____

Yes! Sign me up as a Patron Member! \$ 290 \$ _____
In addition to your regular membership fee

Subtotal: \$ _____

New Member \$ 25.00

There is a one time set-up fee for all new members.

Total: \$ _____

Check Visa/Master Card

Credit Card # _____ Exp. date _____

Signature _____

1: Affiliate Business Associate: An employee of an existing member business, *located in the same physical location*, who desires a separate listing.

2: Home Based/Other Business: Business activity typically does not include walk-in clientele.

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