

Today's Date:

This information you provide about your business will be published on www.kelsolongviewchamber.org and in our annual Preferred Business Directory. People who wish to do business with you rely on us to provide them with accurate information. Please print clearly to ensure that your information is listed correctly.

Company Name:	
Street Address:City:	State:Zip:
This is a home address. Do not publish on website or in the annual Preferred Business Directo	ry.
Website:	<u>-</u>
Primary Contact:Title	
Phone:Fax:	
E-Mail:	
Billing Address:City:	Zip:
Billing Contact:Title:	
Phone:Fax:	
E-Mail:Referred	d by:
(Number of Employees) Full Time: Part Time:	Select Chamber Wembership Package, piease
Primary Business Category:	i circle payment preference:
Secondary Business Category:	Diamond (\$10,000/\$834 month)
Business Description:	Platinum (\$5,000/\$416.66 month)
○ Retail ○ Service ○ Manufacturing/Distribution	Gold (\$2500/\$211.33 month)
Why are you joining the Kelso Longview Chamber of Commerce?	Silver (\$1000/\$86.33 month)
	Bronze (\$500/\$46.66 month)
○ Visibility ○ Community Involvement ○ Other	Standard (\$275/\$26 month)
Please provide me with more information about the following:	Non-Profit (\$180/\$15 month)
	mmittee I Method of Payment:
○ Advertising Opportunities ○ Government Affairs Committee	Check Attached Cash Credit Card
O Lower Columbia Professionals Committee	Card Number:
*Note: 90% of membership is usually deductible as an ordinary and necessary business expense. The 10% used for state and federal lobbying expenses is not deductible. Dues paid to the Kelso Lo	Exp. Date:Security Code:
Chamber of Commerce are not a charitable tax deduction for federal tax purposes.	Name on Card:
	I Signaturo: