

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: _____ Zip: _____

☐ This is a home address. Do not publish on website or in the annual Preferred Business Directory.

Website: _____

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Billing Address: _____ City: _____ Zip: _____

Billing Contact: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Referred by: _____

(Number of Employees) Full Time: _____ Part Time: _____

Primary Business Category: _____

Secondary Business Category: _____

Business Description: _____

☐ Retail ☐ Service ☐ Manufacturing/Distribution

Why are you joining the Kelso Longview Chamber of Commerce?

☐ Advocacy ☐ Networking ☐ Education
☐ Visibility ☐ Community Involvement ☐ Other

Please provide more information about the following:

☐ Ambassador Committee ☐ Volunteer Opportunities
☐ Education Committee

Note: 9096 of membership is usually deductible as an ordinary and necessary business expense. The 1096 used for state and federal lobbying expenses is not deductible. Dues paid to the Kelso Longview Chamber of Commerce are not a charitable tax deduction for federal tax purposes.

Membership Benefits & Opportunities - 2025

Chamber Membership Package

Please mark payment preference:

- | | |
|----------------------------------|------------------------|
| <input type="radio"/> Non-Profit | \$180/\$15 month |
| <input type="radio"/> Basic | \$275/\$26 month |
| <input type="radio"/> Bronze | \$500/\$46.66 month |
| <input type="radio"/> Silver | \$1000/\$86.33 month |
| <input type="radio"/> Gold | \$2500/\$211.33 month |
| <input type="radio"/> Platinum | \$5,000/\$416.66 month |
| <input type="radio"/> Diamond | \$10,000/\$834 month |

Method of Payment:

☐ Check Attached ☐ Cash ☐ Credit Card

Card Number: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Signature: _____