

APPLICATION FOR MEMBERSHIP

ZILLAH CHAMBER OF COMMERCE

PO Box 1294 Zillah, WA 98953

(509) 829-5055

Email zillahchamber@yahoo.com

www.zillahchamber.com

The undersigned makes application for membership in and agrees to pay the Zillah Chamber of Commerce \$_____ annually, effective _____, 20____ in order to give the organization a steady and dependable income with which to plan and conduct its community development program.

Membership Dues for the Chamber of Commerce may be tax deductible, as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The Chamber is not a charity, but serves as an advocate for area businesses.

- **Denotes required information**

- **FIRM NAME** _____
- **KEY CONTACT** _____
- **BUSINESS ADDRESS** _____
- **PHONE NUMBER** _____ **FAX** _____
- **MAILING ADDRESS** _____
- **EMAIL** _____

NUMBER OF EMPLOYEES _____ YEAR ESTABLISHED _____

ANNUAL PAYMENT \$ _____

SCHOLARSHIP FUND DONATION \$ _____

\$25.00 or more for a scholarship for deserving Zillah student from the Chamber each year with a List attached naming the businesses that have donated to the scholarship. Hope to give \$1,500 to \$2,000 to the student that meets the criteria.

BUSINESSES (including Wineries and Schools)

0 – 2 Employees \$35

3 – 10 Employees \$50

11 – 15 Employees \$100

16+ Employees \$200

OTHER CATEGORIES

INDIVIDUALS \$25

NON-PROFIT / CHURCHES \$25

FARMERS / RANCHERS \$35

BUSINESS ASSOCIATIONS \$225 (where 3 or more businesses are represented)

UTILITIES \$225

PLATIUM MEMBERSHIP \$300 (plus regular membership fee)

SIGNED BY _____ DATE _____

Please tell us about your business on the back of this form.