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Membership Application

Thank you for your interest in becoming a member of the Shoreline Chamber of Commerce. Please describe your business product or service and basic information below.

Business or Individual Name: _____

Address: _____

Billing Address (if different): _____

Contact Name / Position: _____

Phone: () _____ Fax: () _____

Email: _____ Website: _____

Business Product or Service: _____

Number of Employees: _____ List Information on our Website: Yes No

Brief Description of Business Activities: _____

The investment structure is based on regular full-time employees (2 part-time employee's equal 1 full-time employee), including owners, managers, licensees, agents, and commissioned salespeople.

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Individual | \$150.00 | <input type="checkbox"/> 26-50 Employees | \$400.00 |
| <input type="checkbox"/> 2-4 Employees | \$200.00 | <input type="checkbox"/> 50+ Employees | \$550.00 |
| <input type="checkbox"/> 5-10 Employees | \$250.00 | <input type="checkbox"/> Non-Profit | \$100.00 |
| <input type="checkbox"/> 11-25 Employees | \$300.00 | <input type="checkbox"/> Retired Individuals | \$ 40.00 |

Membership Fee Enclosed: \$ _____ Check or Credit Card (MasterCard, Visa)

Expiration Date: ____/____/____ CC#: _____ - _____ - _____

Signature: _____ Date: _____