



527 Encinitas Blvd., Suite #106, Encinitas, CA 92024  
 (760) 753-6041  
[asst@encinitaschamber.com](mailto:asst@encinitaschamber.com)

**NEW MEMBER APPLICATION**

**DATE:** \_\_\_\_\_

<b>GENERAL MEMBERSHIP</b>	<b>FINANCIAL INSTITUTIONS PUBLIC UTILITIES OR MEDICAL FACILITIES</b>	<b>HOTELS &amp; MOTELS (# of Units)</b>	<b>CIVIC COMMUNITY GROUPS (Non-profit)/INDIVIDUAL MEMBERS (No Business Affiliation)</b>
<input type="checkbox"/> 1-Sole Proprieter \$200	<input type="checkbox"/> _____ \$600	<input type="checkbox"/> 1-50 \$450	<input type="checkbox"/> _____ \$175
<input type="checkbox"/> 2-6 Employees \$250		<input type="checkbox"/> 51+ \$600	
<input type="checkbox"/> 7-40 Employees \$300			
<input type="checkbox"/> 41+ Employees \$550			

**COMPANY INFO**

**Business Name:** \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Website: \_\_\_\_\_

**PAYMENT INFO**

Check #/Credit Card # (Visa/MC/DISC) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_ 3-Digit Security Code: \_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ANNUAL DUES:** \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**CHAMBER OFFICE ONLY**

1 \_\_ Membership Directory [ \_\_\_\_\_ ]

2 \_\_ Online Directory/Eblast [ \_\_\_\_/\_\_\_\_ ]

3 \_\_ CN (Profile-EF/Distribution) [ \_\_\_\_/\_\_\_\_ ]

4 \_\_ Ambassador (Ribbon Cutting) [ \_\_\_\_\_ ]

5 \_\_ Web Category \_\_\_\_\_ [ \_\_\_\_\_ ]

6 \_\_ Other \_\_\_\_\_ [ \_\_\_\_\_ ]