



Email: VisitRosamond@gmail.com

Website: www.RosamondChamber.com

APPLICATION FOR MEMBERSHIP

Business Name _____

Contact Name _____

Address _____

Phone _____ Fax _____

Email Address _____

Website _____

Do you wish to have your contact information published on the Chamber website? ___ Yes ___ No

MEMBERSHIP INVESTMENT SCHEDULE

BUSINESS

_____ 1 to 15 employees	\$100
_____ 16 to 50 employees	\$200
_____ 51 to 100 employees	\$300
_____ Over 100 employees	\$400
_____ Home Based	\$60

LODGINGS – HOTELS, MOTELS & APARTMENTS

_____ Less than 50 units	\$150
_____ 50 units and over	\$300

ORGANIZATIONS

_____ Civic, Community, Fraternal, Youth	\$75
_____ Religious, Church	\$75

INDIVIDUALS

_____ Individual	\$40
_____ Senior	\$30

Type of Business _____

Number of Employees _____ Amount Enclosed _____

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Renewal Month _____ Payment Method: Cash _____ Check # _____