



Solana Beach Chamber of Commerce

"Your Community Business Partner"

New Member Renewal

Date _____

Solana Beach Chamber of Commerce "New Member/Renewal" Contract

GENERAL INFORMATION

Company Name _____

Primary Contact/Title _____

Physical Address (city/state/zip) _____

Mailing Address (city/state/zip) _____

Phone/Fax _____

Email _____

Website _____

INVESTMENT INFORMATION

Membership Levels: Check all that apply.

Value Member \$199 Active Member \$299 Executive Member \$399 Partner Member \$799 Nonprofit/Non-Business \$75

PAYMENT

Payment Method

Cash Check _____ Visa MC AMEX Automatic Renewal

Monthly Payment Plan (Electronic funds transfer only) - options: Value (\$19 mo.), Active (\$28 mo.), Executive (\$37 mo.), Partner (50%/\$37 mo), NFP/Non-Business (\$8 mo.)

Account Number _____ Sec Code _____ Exp Date _____

Name On Card _____

Signature _____

Please sign and return this form with payment to:

Solana Beach Chamber of Commerce, P.O. Box 623, Solana Beach, California 92075

COMPANY INFORMATION | FILL OUT, OR EMAIL BUSINESS DESCRIPTION TO [INFO@SOLANABEACHCHAMBER.COM](mailto:info@solanabeachchamber.com)

Business Category _____ Years in Business _____

Business Description _____

Reason(s) for joining the Solana Beach Chamber of Commerce: Check all that apply.

Networking Opportunities Community Involvement Business Referrals Website Link Volunteer Opportunities

Other _____

How did you hear about the Chamber? _____ Do you have a business license? Yes No

Who is your target market? _____

List ALL social media platforms you engage _____

Thank you for joining the Solana Beach Chamber of Commerce. We look forward to seeing you at our events.