



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 \$225 Active Member \$325 Executive Member \$399 Partner Member \$799 Nonprofit/Non-Business \$100



PAYMENT

Payment Method

Cash Check _____ Visa MC AMEX Automatic Renewal

Monthly Payment Plan (Electronic funds transfer only) - options: Value \$22; Active \$30; Executive \$39; Partner 50%, \$39 month; NFP \$9

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

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? _____

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