



GUSTINE CHAMBER OF COMMERCE ANNUAL DUES STATEMENT

375 5TH St. OR PO Box 306, Gustine, CA. 95322 ~ gustinechamber@att.net ~ 209-854-6975

www.gustinechamberofcommerce.com

BUSINESS NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) ____ - ____ CONTACT PHONE: (____) ____ - ____ FAX: (____) ____ - ____

E-MAIL ADDRESS: _____ Is this e-mail ok to release to the public? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS: _____

NEW PLAQUE: DATE STAMP:

Business Member - Based on number of employees

Sole Proprietor, No Business Location.....	\$60.00
1-25 Employees Business Location.....	\$70.00
26-100 Employees.....	\$110.00
101+ Employees	\$160.00

All owners, partners, managers, commissioned sales people and
licensed associates are considered employees.

Residential Associate Member

Includes, educators, clergy, elected officials, government employees,
retired, and other individuals not associated with a business.

.....\$30.00

Non-Profit Associate Member

Includes, all non-profit groups or clubs.

.....\$30.00

Credit Card Payment

Name on Card: _____

Address (if different than above): _____

City, State, Zip Code: _____

Phone Number: _____

Card Number: _____ Exp: ____ / ____

3 Digit Code: ____ Signature x

Please Mail Payment

& Application to:

Gustine Chamber of Commerce

PO Box 306

Gustine, CA. 95322

Drop Off Location:

375 5th St. Gustine, CA. 95322

FOR OFFICE USE ONLY: APPLICATION DATE: _____	PAYMENT TYPE: _____
MAILER: <input type="checkbox"/> WEBPAGE: <input type="checkbox"/> E-BLAST: <input type="checkbox"/> UPDATE: <input type="checkbox"/> BUSINESS CARDS: <input type="checkbox"/>	