

Woodland Chamber of Commerce—400 Court Street—Woodland, CA 95695 - (530) 662-7327
 Website: www.woodlandchamber.org / Email: assistant@woodlandchamber.org
 Facebook & Instagram: @woodlandchamberofcommerce

MEMBERSHIP BUSINESS NAME _____
(As it is to appear in all official records)

Physical Address _____

Mailing Address _____

City _____ **State** _____ **ZIP** _____

Phone _____ **Alt. Phone** _____

Designated Representative _____ **Title** _____

Email _____

Additional Representative _____ **Title** _____

Email _____

***If you would like other representatives to receive email communications from our office, please add additional contact names, emails on the back.**

Company Website _____ **Facebook.com/** _____

Instagram.com/ _____ **TYPE OF BUSINESS** _____

When was business started/acquired? _____ **# of Employees (F/T)** ____

Please provide a brief description of your business, including services and/or products offered. (50 words or less) Write on back of application or email to staff@woodlandchamber.org This information will be used in an upcoming issue of the Chamber Insider. (We reserve the right to edit your profile for the publication)

Please explain what your business would like to gain from Chamber Membership:

Would you like to be contacted for Dental, Vision, or Life Group Health rates? Yes No

Your investment in the Woodland Chamber of Commerce may be deductible as an ordinary & necessary business expense. Please consult your accountant.

Applicant Signature _____ **Date** _____

Annual Membership Investment (See Brochure) plus a one-time \$75 Enrollment Fee

Total Amount Due \$ _____ **Referred by** _____

Office Use Only

Ribbon Cutting (Photo Only) Date/Time _____
Copy to New Member File _____ **IContact** _____ **Plaque** _____
Chamberware _____ **Website** _____ **Chamber Insider** _____ **Paid** _____
'Like' Facebook/Instagram Page _____ **Staff Initials** _____