



MEMBERSHIP COMMITMENT

The Greater Marysville Tulalip Chamber of Commerce
8825 34th Avenue NE, Suite C, Tulalip, WA 98271
(360) 659-7700 | Fax (360) 653-7539
Email: TerryM@marysilletulalipchamber.com

OFFICE USE ONLY	
Date _____	Membership Representative: _____
<input type="checkbox"/> Announcement	<input type="checkbox"/> Packet

The information you provide about your business will be used in the Chamber's printed and online *Business Directory*, as well as in our database. Consumers who wish to do business with you rely on us to provide them with accurate information.

PLEASE TYPE OR PRINT CLEARLY TO ENSURE THAT YOUR INFORMATION IS LISTED CORRECTLY.

Business Name: _____
 Corporate Name: _____
 Street Address: _____ City _____ St _____ Zip _____
 Mailing Address: _____ City _____ St _____ Zip _____
 Phone#1: _____ Phone#2: _____
 Fax: _____ Website: www. _____
 Contact [Primary]: _____ Title _____ Email _____
 Contact: _____ Title _____ Email _____
 Contact: _____ Title _____ Email _____
 Contact [Billing]: _____ Title _____ Email _____
 Type of Business: _____
 Date Established: _____ # of Full Time Employees _____ # of Part Time Employees _____

Do you want your fax and email published in our directories and online? Fax #: ___ Yes ___ No Email: ___ Yes ___ No

Did another Chamber member refer you to us? Name: _____ Company: _____

Why did you join the Chamber?: Referrals & Exposure Networking Benefits & Services
 Government Representation Community Support Participation

Narrative Description: Please use the other side of this application to provide us with a brief paragraph that best describes your business for online & print publication.

Are you interested in participating in or receiving more information about any of the following Chamber activities & promotional opportunities? Please check all that apply.

- Sponsoring** Chamber events or programs to showcase your business?
- Member to Member Discount** program? If **Yes**, please describe your offer on the other side of this application.
- Hosting a Business After Hours** event at your place of business?
- Joining a Committee:** Emissaries Government Affairs Board of Directors Military Affairs
- Hosting a Volunteer Information Tour** to familiarize our Chamber volunteer staff about your products & services?
- Joining the Northern Young Professionals Networking Group**

Payment Information:	Annual Base Investment: \$ 280.00
	Add'l Employees (5+) \$ _____
	Initiation Fee \$ 50.00
	Total Investment: \$ _____

Communication: I authorize the Chamber to communicate with me by fax and email regarding Chamber events and announcements.
Email: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax: <input type="checkbox"/> Yes <input type="checkbox"/> No

VISA / MC #: _____ Exp. Date: _____ Cash _____ Chk#: _____

We agree to honor this membership in accordance with The Greater Marysville Tulalip Chamber of Commerce Bylaws.
(A copy of The Greater Marysville Tulalip Chamber of Commerce Bylaws is available upon request.)

Authorized Signature: _____ Title: _____



**Additional Business Information for
Public Display on Chamber Website**

Company Name: _____
Contact Person: _____ **Phone:** _____

Narrative Description of Business: _____

Hours & Location: _____

Driving Directions or Landmarks: _____

Please provide up to six (6) keywords that site users can search for to find your business online:

Member to Member Discount Offer: _____

You may fax this information to us at (360)653-7539 or email TerryM@marysvilletulalipchamber.com.

***We proudly welcome you to The Greater Marysville Tulalip Chamber of Commerce!
Thank you for your support and commitment to your community.***