

Business Name _____ Owner/Manager ______ Contact Person _____ Street Address City _____ State ___ Zip ____ Mailing Address (if different than above) Phone _____ Email Address(es) Website Instagram Yes, I want my website linked to the Chamber's website Yes, I will put a link to the Chamber's website on our website Type of Business I want to receive the Chamber's regular e-communications (about once a week). Yes, all of the above information can be publically displayed. If no, list what you do not want included Who referred you? _____ Membership Total \$ _____ Check enclosed _____ Check # ___ AMEX, Discover, MasterCard, VISA, or UnionPay Credit Card Holders Name/Business **Expiration Date**

Membership dues are determined by the number of full time employees. Two 20 hour employees count as one full time employee. Include all working owners, partners, managers and sales associates.

Organizations

Organizations		
0-2 Employees	\$125	
3-5 Employees	\$160	
6-10 Employees	\$235	
11-20 Employees	\$390	
21-30 Employees	\$475	
30 plus Employees	\$495	
Non-Profits		
1-2 Employees	\$65	
3-5 Employees	\$83	
6-10 Employees	\$189	
11-20 Employees	\$313	
21-30 Employees	\$381	
30 plus Employees	\$397	

Multi-office/branch businesses please add \$65 for each additional location

New Business \$65
(any business started in the last 12 months)
Independent Artist \$70
Retiree \$55
Individual \$95

New members add \$25 processing fee

OFFICE USE ONLY		
Invoiced		
Paid		
QB		
Outlook		
Website		
Mailing List		
Social Media		
TY Letter		
Plague		

• 1635 Heindon Road • Arcata, CA 95521-4573 • 707.822.3619 O • 707.822.3515 F •

arcata@arcatachamber.com •

Credit Card Number

www.arcatachamber.com

