



Union City Chamber of Commerce Membership Application

3939 Smith St
Union City, Ca. 94587
(510) 952-9637 Ph
(510) 952-9647 Fx

Company and Contact Information

Company Name: _____ Membership Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Fax: _____
Primary Contact Name: _____ Title: _____
Phone: _____ Email: _____
Secondary Contact Name: _____ Title: _____
Phone: _____ Email: _____
Are you on Face Book? Yes _____ No _____ Twitter Name: _____

Membership Classification

Business Industry: _____ Number of Employees: _____
Business Description: _____

Reason for joining the chamber: _____

Membership Payment

Rates			
1-3 Employees:	\$255	21-50 Employees:	\$640
4-10 Employees:	\$310	51-100 Employees:	\$860
11-20 Employees:	\$420	100+ Employees:	\$1080

Annual membership: \$	
Initial processing fee: \$	25.00
Total Due: \$	

Credit Card: Visa MasterCard Cash Money Order Check # _____
Card #: _____ Exp: _____ Signature: _____
Name on Card: _____ Billing Address: _____