



# 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: \_\_\_\_\_

### Membership Classification

Business Industry: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for joining the chamber: \_\_\_\_\_

How did you hear about the chamber: \_\_\_\_\_

### Membership Payment

Rates			
1-3 Employees:	\$232	21-50 Employees:	\$582
4-10 Employees:	\$282	51-100 Employees:	\$732
11-20 Employees:	\$382	100+ Employees:	\$932

Annual membership: \$	
Initial processing fee: \$	25.00
<b>Total Due: \$</b>	

Credit Card:  Visa  MasterCard  Cash  Money Order  Check # \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_