



Membership Application

Please complete this form and submit by e-mail or visit business.metrochamber.org/member/newmemberapp

New Member Information:

Company Name: _____ Date : _____

Physical Address: _____

Mailing Address: _____

Main Phone: _____ Fax : _____

Main E-mail: _____ Website: _____

Company Twitter Handle: @ _____ Company Facebook Page: _____

Company Instagram Handle: @ _____ Company LinkedIn Profile: _____

Business Category (Directory Listing) : _____

Main Contact Name: _____ Title: _____

Direct Phone: _____ Direct E-mail: _____

I hereby authorize permission to the Sacramento Metro Chamber to publish the contact information provided above in its publication, website, social media, and/or e-News. I authorize the Metro Chamber and/or their sponsors to mail, email, or fax my business.

Signature: _____ Date: _____

PLEASE SEE PAGE 2 TO CONTINUE



Membership Investment Levels: *Check one*

- Lead \$5,000 Grow \$3,000 Support \$1,000 Advocate \$500

The Metro Chamber is exempt from federal income tax as an IRS 501(c)(6) organization. Dues payments are ordinarily deductible by members, except for the percentage related to state and federal lobbying activities and expenditures. The total nondeductible percentage of your annual contribution is 10%.

Reason for Joining: *Check all that apply*

- Business Advocacy Business Development Networking
 Business Education & Resources Marketing / Visibility Programs & Events
 Member Benefits Other (Please explain) _____

Payment Method: *A one-time \$15 processing fee will be added to the investment rate indicated above*

- Check Credit Card Invoice Credit Card #: _____ Exp. Date: _____
Name on Card: _____ Signature: _____

Referred by:

Name: _____ Phone Number: _____

Metro Chamber Representative: *Check one*

- Chloe Park Other: _____

EMAIL THIS COMPLETED APPLICATION AS A PDF ATTACHMENT:

membership@metrochamber.org

Call with questions (916) 552-6800