



MEMBERSHIP APPLICATION

Please complete this form, print and return with your membership dues to the Chamber office.

Date: _____

Business Name	_____		
Owner's Name	_____		
Address	_____		
City	_____	State/Zip	_____
Mailing Address	_____		
City	_____	State/Zip	_____
Phone	_____	Fax Phone	_____
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit			

Type of Business or Profession (please check one):

<input type="checkbox"/> Automotive	<input type="checkbox"/> Retail/Wholesale/Distributor	<input type="checkbox"/> Civic/Social Organization
<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Publisher/Printer
<input type="checkbox"/> Entertainment/Amusement	<input type="checkbox"/> Transportation	<input type="checkbox"/> Financial
<input type="checkbox"/> Radio/TV/Media	<input type="checkbox"/> Public Relations/Advertising	<input type="checkbox"/> Insurance
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturer/Processor
<input type="checkbox"/> Restaurant/Food Service	<input type="checkbox"/> Legal	<input type="checkbox"/> Other: _____

Areas of Interest (check all that apply):

<input type="checkbox"/> Networking	<input type="checkbox"/> Business Development	<input type="checkbox"/> Marketing
<input type="checkbox"/> New technology	<input type="checkbox"/> Minority Certification	<input type="checkbox"/> Business Start-Up Information
<input type="checkbox"/> Doing business with Black-owned businesses		

Describe your business, services or products (attach a brochure and 10 business cards):

Annual Membership Dues

Number of Employees:		Amount Enclosed: \$ _____.
0 - 9	\$150	Complete this form and return with your payment to: Southern California Black Chamber of Commerce 1000 West 4th Street, Suite 339, Ontario, CA 91762 909-969-5274
10 - 20	\$300	
21 - 30	\$400	
Corporate Rate	\$1,000	