



San Jacinto Chamber of Commerce

2323 S. San Jacinto Avenue
San Jacinto, CA 92583
ph 951.654.1645 . fx 951.327.5291

MEMBERSHIP APPLICATION

BUSINESS NAME: _____

PRINCIPAL CONTACT: _____

ADDRESS: _____

BILLING ADDRESS IF DIFFERENT: _____

BUSINESS PHONE: _____ FAX NUMBER: _____

EMAIL: _____ WEBSITE: _____

NUMBER OF EMPLOYEES: _____ TYPE OF BUSINESS: _____

DATE JOINED: _____

PROCESSING FEE: \$50 + ANNUAL MEMBERSHIP FEE

TOTAL ANNUAL FEE: _____

1 - 10 EMPLOYEES: \$100.00
20 + EMPLOYEES: \$300.00
UTILITIES: \$400.00

11-19 EMPLOYEES: \$200.00
GOVERNMENT: \$400.00
DEVELOPERS: \$500.00

MULTI-USE PROPERTIES / MOBILE HOME PARKS: \$200.00

NON - PROFIT ORGANIZATION: \$75.00

INDIVIDUAL: \$50.00
(No Promotional of Business Product or Organizations)

HOME BASED BUSINESS: \$75.00
(No City License Required: i.e.: Avon, MaryKay, Tupperware)

METHOD OF PAYMENT: CHECK ___ CASH ___ VISA ___ M/C ___
(Checks made payable to: **SAN JACINTO CHAMBER OF COMMERCE**)

CARD # _____ EXP. _____ SEC CODE _____

NAME ON CARD: _____ SIGNATURE: _____

I HEREBY APPLY TO JOIN THE SAN JACINTO CHAMBER OF COMMERCE, UPON THE ACCEPTANCE OF PAYMENT, I HAVE RIGHTS AND BENEFITS OF THE MEMBERSHIP.

MEMBER SIGNATURE

DATE