



TRINITY COUNTY Chamber of Commerce

MEMBERSHIP APPLICATION

Application Type: Renewal New

Business/Organization Name: _____

Owner/Primary Contact Person: _____ Title: _____

Physical Address: _____
Street City State Zip

Billing Address: _____
PO Box or Street City State Zip

Main Phone: _____ Second Phone: _____ Fax: _____

Email: _____ Website: _____

Number Full Time Employees _____ How would you prefer we contact you Phone Mobile Email

Your email address will be used by the TCCC for official Chamber business only. I give permission to distribute my email address to other Chamber Members for the purpose of member-to-member promotions. Yes No (please check one)

MEMBERSHIP INVESTMENT CATEGORIES (Annual Dues)

<input type="checkbox"/> Friend of the Chamber	\$35	<input type="checkbox"/> Business C (61-70) employees	\$475
<input type="checkbox"/> Non-profit/Service/Agency	\$50	<input type="checkbox"/> Business D (71-up) employees	\$625
<input type="checkbox"/> Business A (1-12) employees	\$85	<input type="checkbox"/> Real Estate	\$125
<input type="checkbox"/> Business B (13-60) employees	\$275		

BUSINESSES INFORMATION (More on page 2)

YES, I would like to offer member-to-member discounts. (We will contact you about this program.)

The discount we will offer is: _____.

Authorizing Signature

Date

Please make full payment to: Trinity County Chamber / Membership Dues, Attn: Treasurer and send to the address listed below. The Chamber accepts Visa & Mastercard. Please call the office with your number. (Please keep a copy of this completed form and submit the original form with your payment)

TCCC MAILING ADDRESS: PO Box 517, Weaverville, CA 96093-0517 – Phone 530-623-6101

Thank you for supporting Trinity County Chamber of Commerce

(Please complete page 2 on the back for your Website listing)



TRINITY COUNTY

Chamber of Commerce

VisitTrinity.com WEBSITE QUESTIONAIRE

Please provide the following information to ensure an accurate listing of your business on the websites.

Currently we have the following categories on our website and you will be listed in ONE for free; Additional category listing is available at \$5.00 per membership year (must pertain to your business):

- | | | |
|---|---|---|
| <input type="checkbox"/> Restaurant/Saloon | <input type="checkbox"/> Historic Sites | <input type="checkbox"/> Utilities/Services |
| <input type="checkbox"/> Lodging- Motel/B&B | <input type="checkbox"/> Museum | <input type="checkbox"/> Schools/Childcare |
| <input type="checkbox"/> Lodging- RV Park/Camping | <input type="checkbox"/> Art Galleries | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Lodging- Resort/Lodge | <input type="checkbox"/> Banking | <input type="checkbox"/> Banking |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Places of Worship |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Special Event | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Other | |

Please provide a description of your business/service/product as you would like it to read on the TCCC website:

Number of Years in Business _____

What is Most Interesting about your Business: _____

What is your Business Slogan (if any): _____

FEEDBACK TO THE CHAMBER BOARD

Help us improve your Chamber of Commerce

What are your needs and expectations from your Chamber Investment? _____

COMMENTS or SUGGESTIONS:

___ YES, I have interest in and/or would like to serve as a member of the following CHAMBER COMMITTEES:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Networking | <input type="checkbox"/> Marketing | <input type="checkbox"/> Visitor's Centers |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Programs | <input type="checkbox"/> Grants | <input type="checkbox"/> Events |
| <input type="checkbox"/> Technical/Website | <input type="checkbox"/> Relocation Info | <input type="checkbox"/> Other (please specify): _____ | |