TRINITY COUNTY
Chamber of Commerce

MEMBERSHIP APPLICATION __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: _____(For Customer Referral)

Second Phone: _____(If preferred, for Chamber business use only)

Fax: _____ Email: _____

Website:_____ Number Full Time Employees _____

***New members**: Please provide a description of your business/service as you would like it to read on the TCCOCwebsite:_____

_____

MEMBERSHIP INVESTMENT CATEGORIES (Annual Dues)

__Business A (1-12) employees	$85	__Business C (61-70) employees	$475
__ Business B (13-60) employees	$275	__Business D (71-up) employees	$625
__Friend of the Chamber	$35		
__Non-profit/Service/Agency	$50		
__Real Estate	$125		

We want to hear about your ideas, needs and expectations for your chamber membership. Please comment.

As a member of TCCOC, I agree to receive emails from TCCOC through Constant Contact Communication Services.

Authorizing Signature	**Date**

Please make full payment to: Trinity County Chamber / Membership Dues, Attn: Treasurer
TCCOC MAILING ADDRESS: PO Box 517, Weaverville, CA 96093,
Phone 530-623-6101, 800-487-4648, Email address: trinitycoc@yahoo.com
(*Please keep a copy of this completed form and submit the original form with your payment*)

Thank you for supporting Trinity County Chamber of Commerce