



# 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 TCCOC website: \_\_\_\_\_

### MEMBERSHIP INVESTMENT CATEGORIES (Annual Dues)

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