



MEMBERSHIP APPLICATION

**GREATER POULSBO CHAMBER OF
COMMERCE**

PO BOX 1063

19351 8th Avenue Suite 108

Poulsbo, WA 98370

Contact (s):

Type of Business:

Number of FTE:

Business Name:

Physical Address:

Mailing Address:

Phone:

Email:

Fax:

Website:

Referred by:

Membership Application

Category	Rate	Amount Paid
<input type="checkbox"/> Business 1-5 FTE	\$ 140	\$ _____
<input type="checkbox"/> Business 6-10 FTE	\$ 245	\$ _____
<input type="checkbox"/> Business 11-24 FTE	\$ 360	\$ _____
<input type="checkbox"/> Business 25 & Up	\$ 520	\$ _____
<input type="checkbox"/> Second Location	\$ 105	\$ _____
<input type="checkbox"/> Affiliate Business Associate ¹	\$ 70	\$ _____

- Home Based/Other Business² \$ 100 \$ _____
- Non-Profit \$ 100 \$ _____
- Individual/Retired \$ 50 \$ _____

Yes! Sign me up as a Patron Member!

In addition to your regular membership fee

Subtotal: \$ _____

New Member \$ 25.00 _____

There is a one time set-up fee for all new members.

Total: \$ _____

Method of Payment

Check Visa/Master Card

Credit Card # _____

Exp. date _____

Signature _____

1: Affiliate Business Associate: An employee of an existing member business, located in the same physical location, who desires a separate listing.

2: Home Based/Other Business: Business activity typically does not include walk-in clientele.