

Los Molinos Chamber of Commerce Membership Application

Business or Individual Name(s): _____

Company Representative and Job Title: _____

Type of Business: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different from above): _____

Business Phone #: _____ Cell Phone #: _____

Fax #: _____ Home Phone #: _____

Email Address: _____

Website URL: _____

Date Business Established: _____ Number of Employees: _____

*Please highlight your business for the Chamber Website:

What would you like to see the Chamber do in the community? _____

What committees would you like to be involved in?

Christmas Mixer

Community Clean-Up

Fourth of July Activities (Parade)

Fourth of July Activities (Play Day)

Fireworks Sales

Fund Raising, other

Intern/Scholarship Program (ISP)

Mayor's Race

Membership

Installation Dinner

Tailgate Food Giveaway

Chamber Website

Other: _____

Signature of Applicant

Date

Annual Membership Dues are \$50.00 for Businesses, \$40.00 for Non-Profits and \$35.00 for Individuals.

Application and dues may be submitted via our website at LMCOC2012@gmail.com, or mail to:

Los Molinos Chamber of Commerce, PO Box 334, Los Molinos, CA 96055

Board Approval Date: _____

*Members are encouraged to promote your business or organization with photos, and business highlights. Please include with your application or e-mail.