

# Solano County Black CHAMBER OF COMMERCE

## —MEMBERSHIP APPLICATION—

APPLICATION DATE: \_\_\_\_\_

INDIVIDUAL or BUSINESS NAME: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If different from business address)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

### GENERAL MEMBERSHIP CATEGORIES

ANNUAL DUES: (Please check appropriate space)

___ INDIVIDUAL MEMBERSHIP	\$50.00
___ NON-PROFIT ORGANIZATION	\$75.00
___ SMALL BUSINESS OWNER	\$125.00
___ CITY/COUNTY/STATE/FEDERAL AGENCY	\$500.00
___ CORPORATION	\$500.00

### PLEASE CHECK ACTIVITY OF INTEREST:

- Host a Mixer
- Serve on a Committee
- Serve on the Board
- Contribute to Scholarship Fund
- Free Listing in Chamber Directory
- Place Ad in Newsletter
- Distribution Point for Newsletter
- Other

MAKE CHECK PAYABLE TO:

### **SOLANO COUNTY BLACK CHAMBER OF COMMERCE**

1814 Capitol Street  
P.O. Box 149  
Vallejo, CA 94590

FOR OFFICIAL USE ONLY: (revised 11/04/08)

AMOUNT DUES PAID: \_\_\_\_\_

MEMBERSHIP REP. \_\_\_\_\_

ENCLOSED IS THE FIRST YEAR FEES OF \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Your membership fee is tax deductible as a business expense and continues until resignation is submitted to the Board.

TAX ID NO. 68-0301585 \* TAX EXEMPT NO. 1853674 \* 501(c) 6  
**SOLANO COUNTY BLACK CHAMBER OF COMMERCE | 1814 CAPITOL STREET | VALLEJO, CA 94590**