

**The Fair Oaks Chamber of Commerce Welcomes Your Membership**

The Fair Oaks Chamber of Commerce is the voice of business and represents an investment in the present and future of business in the Fair Oaks Community

Join Date: \_\_\_\_\_

**Membership Investment Schedule**

**Effective January 1, 2009**

- 0 to 5 employees.....\$150.00\*
- 6 to 10 employees.....\$185.00\*
- 11 to 15 employees.....\$260.00\*
- 16 or more.....\$275.00\*
  
- Additional Category Listing.....\$ 35.00

**Special Categories**

- Clubs, Schools K - 12.....\$ 55.00\*
- Churches.....\$ 55.00\*
- Associates (Non-Business).....\$ 30.00

**\* A one-time processing fee of \$35 is applied to the investment schedule.**

This application serves as a nomination for membership in the Fair Oaks Chamber of Commerce pending ratification by the Board of Directors. Should approval be denied your membership and processing fee will be returned in full within 30 days of Board action.

Membership dues are not deductible as charitable contributions for income tax purposes. Dues may be considered ordinary and necessary business deductions. Up to 1% of dues may be used for lobbying purposes and may not be used as a deduction.

Memberships are non-transferable/non-refundable.

Business Name: \_\_\_\_\_

Principal Contacts & Titles:

1<sup>st</sup> \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Title: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Employees at physical address: \_\_\_\_\_

**For Second Site Location Investment Schedule please call the Fair Oaks Chamber**

**Primary Category Listing(s)**

(For Directory Purposes) \_\_\_\_\_

**Annual Membership Dues** \$ \_\_\_\_\_

**Additional Category Listing(s) @ \$35 each** \$ \_\_\_\_\_

**Processing Fee (one time)\*** \$ 35.00

- Cash
- Check/Credit Card

**Total Enclosed** \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Referred By: \_\_\_\_\_