



Perris Valley Chamber of Commerce

227-A North "D" Street * Perris, CA 92570
951-657-3555 * Fax 951-657-3085

For Office Use Only:

Date App Rcvd: _____
INVC Month: _____
Annual Dues: _____

MEMBERSHIP APPLICATION

Business Name _____ **Number of Employees** _____

Contact Person _____ **Title** _____

Business category _____
(automotive, commercial, communications, industrial, etc.)

Physical address _____

Mailing address _____
(if different)

Business Phone _____ **Cell Phone** _____

Fax _____ **E-mail** _____

Website _____
(promotional purposes)

Local Contact Name _____
(if different from above)

Phone _____

Address _____

Referred by _____

Membership Rates (per year)

Associate Membership (Non-Business)	\$100
Non Profit	\$100
Home Based Business	\$130
1-2 Employees	\$170
3-9 Employees	\$190
10-24 Employees	\$230
25-59 Employees	\$300
60-199 Employees	\$350
200+ Employees	\$400

Dues may be paid by Credit Card, Check or Cash.

Please make checks payable to the Perris Valley Chamber of Commerce



Name on Card: _____ Card # _____

Expiration Date: ____/____/____ 3 Digit CVV #: _____ Billing Zip Code _____

Signature _____ Date _____

