

Corte Madera Chamber of Commerce Membership Application

Date _____

Name of Business _____

Contact Name _____ Title _____

Address _____ City _____ Zip _____

Phone 1 _____ Phone 2 _____ Fax _____

E-mail _____ Website _____

Please give a brief summary of your business to be used in the Chamber newsletter.

Please provide a few key words to be used as lookup criteria on the Chamber website.

Applicant has resided/been engaged in the above business or profession in the Corte Madera area for _____ years.

Signature _____ Date _____

Please check the appropriate dues category and enclose a check payable to the Corte Madera Chamber of Commerce with your application in the envelope provided.

- _____ Small Business (1 – 5 Employees): \$155.00
_____ Medium Business (6 - 24 Employees): \$220.00
_____ Large Business (25 + Employees): \$270.00

Thank you for helping Corte Madera flourish!

Corte Madera Chamber of Commerce
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Corte Madera, CA 94925
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Fax: 415-924-1839

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chamber@cortemadera.org