



Union City Chamber of Commerce Membership Application

3939 Smith St.
Union City, Ca. 94587
(510) 952-9637 Ph.
(510) 952-9647 Fx.
www.unioncitychamber.com

Company and Contact Information

Company Name: _____ Membership Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____ Website: _____

Billing Contact Name: _____ Title: _____

Phone: _____ Email: _____

Membership Classification

Business Industry: _____ Number of Employees: _____

Business Description: _____

List of Business Industries you are interested in doing business with: _____

Reason for joining the chamber: _____

Membership Payment

| Annual Rates | | | |
|------------------------------|-------|-------------------|--------|
| Home-based Business \$125.00 | | | |
| 1-3 Employees: | \$255 | 21-50 Employees: | \$640 |
| 4-10 Employees: | \$310 | 51-100 Employees: | \$860 |
| 11-20 Employees: | \$420 | 100+ Employees: | \$1080 |

| | |
|----------------------------|-------|
| Annual membership: \$ | |
| Initial processing fee: \$ | 25.00 |
| Total Due: \$ | |

Credit Card: Visa MasterCard American Express Discover Check # _____

Card #: _____ Exp: _____ CVC: _____ Signature: _____

Name on Card: _____ Billing Address: _____