

Application for Membership in The Rio Linda/Elverta
Chamber of Commerce

Application Date: _____ New Renewing

Firm Name: _____

Business Form

Sole Proprietor Partnership Corporation LLC

Organization Other

Business Address: _____

Mailing Address: _____

Owners/Officers: _____

Designated Representative: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____

Email Address: _____

Website URL: _____

Number of employees: Full Time: Part time:

Signature: _____

Title: _____ Date: _____

Annual Membership Fee Schedule

1-5 Employees \$50

6-13 Employees \$75

14 or more Employees \$150

Referred by: _____

Please Mail in with application Check or money order(Please make out to RLE Chamber)

NO CASH, to P.O 75 Rio Linda CA 95673.