



# HELENDALE CHAMBER OF COMMERCE

P O BOX 1449-VISTA PLAZA-HELENDALE, CA 92342  
(760) 952-2231

## APPLICATION FOR MEMBERSHIP

BUSINESS /INDIVIDUAL NAME \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_ FAX: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL \_\_\_\_\_

### MEMBERSHIP CLASS (please check one)

- INDIVIDUAL/COUPLE           \$40.00 \_\_\_\_\_
- BUSINESS                       \$75.00 \_\_\_\_\_
- GOVERNMENT/NON-PROFIT   \$100.00 \_\_\_\_\_
- CORPORATION (large)       \$125.00 \_\_\_\_\_

Please make check payable to:

Helendale Chamber of Commerce

_____ NEW MEMBER
_____ RENEWAL
SIGNED _____ DATE _____

### Chamber Staff input

Date received \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_ Amount \_\_\_\_\_

Membership valid until \_\_\_\_\_