

## Membership Application

Please print and return completed application to the Chamber office at 2112 Broadway, Eureka, CA 95501 or fax to 707 442-0079.

| Name:                   |  | Date:   |
|-------------------------|--|---|
| Street Address:         |  |   |
| Mailing Address:        |  |   |
| Voting Member Name:     |  |   |
| Contact Name:           |  |   |
| Phone:                  | Toll Free:                               | Fax:  |
| <b>Veb:</b>             | Email:                                   |   |
| No. of Employees        | No. of Rooms/RV Spaces (Lodging Members) | No. of Tables<br>(Restaurant Members)                             |
|                         |  |   |
|                         |  |   |
|                         |  |   |
|                         |  |   |
|                         |  | Date Joined Member #           Check Cash Card           Category |
|                         |  | Date Joined Member # Card Card Category Classification            |
| Description of Firm's A | ctivities or Operations:                 | Date Joined Member # Card Card Category Classification            |
| Description of Firm's A | ctivities or Operations:                 | Date Joined Member #           Check Cash Card           Category |
| Description of Firm's A | ctivities or Operations:                 | Date Joined Member # Check Cash Card Category Classification      |