

APPLICATION FOR MEMBERSHIP

Zillah Chamber of Commerce
PO Box 1294 Zillah, WA 98953
(509) 829 – 5055
E-Mail “zillahchamber@zillahchamber.com”
www.zillahchamber.com

The undersigned makes application for membership in and agrees to pay the Zillah Chamber of Commerce \$ _____ annually, effective _____, 20 ____ in order to give the organizations a steady and dependable income with which to plan and conduct its community development program.

Membership Dues for the Chamber of Commerce may be tax deductible, as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. The chamber is not a charity, but serves as an advocate organization for area businesses.

FIRM NAME _____

KEY CONTACT _____

BUSINESS ADDRESS _____

PHONE NUMBER _____ FAX _____

MAILING ADDRESS _____

E-MAIL _____

NUMBER OF EMPLOYEES _____ YEAR ESTABLISHED _____

ANNUAL PAYMENT \$ _____

SCHOLARSHIP FUND DONATION \$ _____

\$25 or more for a scholarship for deserving Zillah student from the Chamber each year with a List attached naming the businesses that have donated to the scholarship. Hope to give \$1,500 to \$2,000 scholarship hope to the student that meets the criteria

BUSINESSES (including Wineries and Schools)

0 - 2 Employees \$35

3 - 10 Employees \$50

11 - 15 Employees \$100

16 + Employees \$200

OTHER CATEGORIES

INDIVIDUALS \$25

NON-PROFIT / CHURCHES \$25

FARMERS / RANCHERS \$35

UTILITIES \$225

SIGNED BY _____ DATE _____

Please tell us about your business.