

Membership Enrollment Form

Date _____

Company or Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Contact Name _____ Title _____

Email _____ Mobile _____

2nd Contact Name _____ Title _____

Email _____ Mobile _____

Business Website _____

Phone _____ Fax _____ Toll-Free _____

Facebook page _____ Twitter handle _____

Date Business Opened _____ Do you have multiple locations? _____

Number of Employees _____ Owner & Title _____

Directory Category _____

Check /C.C. No. _____

Expiration Date _____ CID _____

Cardholder _____

Billing Address _____

Zip Code _____



**GREATER SPOKANE
VALLEY CHAMBER
OF COMMERCE**

Level _____

Dues Investment \$ _____

A one-time processing fee of \$25 will be added to your investment.

Member Signature

Membership Representative

Please complete this form and return to:

1421 N Meadowwood Lane, Ste. 10, Liberty Lake, WA 99019

Phone (509) 924-4994 | Fax (509) 924-4992

Toll Free (866) 475-1436 | www.spokanevalleychamber.org