MEMBERSHIP APPLICATION

- [ ] Renewal
- [ ] New

Business/ Organization/Individual Name: _____

Owner/Manager/President:_____

Contact Person: _____ Contact Phone #: _____

Contact Email: _____

- [ ] I want to receive our electronic communication via email and SMS/Text message from the Weaverville Chamber of Commerce at the number and email provided. Msg & data rates may apply. Msg frequency varies. Unsubscribe at replying STOP. You can opt-out at any time.

Business Email:_____

Mailing Address:_____

City: _____ State: _____ Zip: _____

Membership Level

- [ ] **Friend of the Chamber $40**
- [ ] **Non-profit Membership $50**
- [ ] **Silver Business Membership $100**
- [ ] **Gold Business Membership $250**

Payment Type:

- [ ] **Check**
- [ ] **Cash**
- [ ] **Credit Card**

Billing Contact: _____ Billing Phone #: _____

Billing Email: _____

Make checks payable to Weaverville Chamber of Commerce or conveniently pay by credit card, QR code, or online at www.weavervilleca.org. Submit your applications via email to weavervillechamber@gmail.com or mail them to PO Box 345, Weaverville, CA 96093.