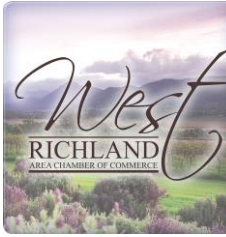


# West Richland Area Chamber of Commerce

331 S 41<sup>st</sup> Ave  
West Richland, WA 99353  
(509) 967-0521



## MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website/Social Media: \_\_\_\_\_

Contact preference: \_\_\_ E-mail \_\_\_ Phone How did you hear about us? \_\_\_\_\_

Primary purpose for joining: \_\_\_\_\_ please provide company logo to the Chamber

I would like to join the West Richland Area Chamber of Commerce under the above company name.  
Please invoice me for the membership fee.

### Membership Type:

(Circle Membership type that applies)

<u>Non-Profit /Veterans/Associate</u>	\$ 100.00	<u>Advocate Level</u>	\$ 1000.00
<u>Supporter Level</u>	\$ 250.00	<u>Champion Level</u>	\$ 2500.00
<u>Partner Level</u>	\$ 750.00	<u>Premier Level</u>	\$ 5000.00

50-Word Profile (Website):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WRACC Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

 Please provide company logo by sending to [wrc@westrichlandchamber.org](mailto:wrc@westrichlandchamber.org)