



MEMBERSHIP APPLICATION

**PARAMOUNT
CHAMBER
OF COMMERCE**

Our Guarantee

With Hundreds of businesses already belonging to the Paramount Chamber of Commerce... and new members being added every month, we are so confident you will be pleased with your Chamber Membership that we guarantee it.

It's simple, if you join the Paramount Chamber of Commerce and for any reason are dissatisfied, we will refund your investment at the end of 90 days, no questions asked!

All we require is that you attend 3 events during that 90-day period. You may choose a Ribbon Cutting, Networking Breakfast, or one of our Special Events.

So what are you waiting for? Invest in the Paramount Chamber. You'll be glad you did.

Fill out the application and email or mail it to the addresses below, along with your payment.

APPLICATION FOR MEMBERSHIP

Paramount Chamber of Commerce
15357 Paramount Blvd.
Paramount CA 90723
Email: plemons@paramountchamber.com
www.paramountchamber.com
www.facebook.com/ParamountChamber
(562) 634-3980

Membership Investment Guidelines

Total Number of Employees	Minimum Annual Investment \$
1-4	\$ 191.00
5-9	\$ 239.00
10-19	\$ 289.00
20-29	\$ 339.00
30-39	\$ 388.00
40-49	\$ 439.00
50-59	\$ 487.00
60-69	\$ 538.00
70-79	\$ 588.00
80-89	\$ 637.00
90-99	\$ 685.00
100-119	\$ 733.00
120-149	\$ 786.00
150-199	\$ 882.00
200-259	\$ 931.00
260-329	\$ 981.00
330-399	\$ 1,028.00
400-499	\$ 1,077.00
500-599	\$ 1,125.00
600-699	\$ 1,173.00
700 +	\$ 1,217.00

Schedule C

Civic Membership
Single Rate: \$ 163.00

Service Clubs, Churches, Civic Organizations, Public Schools, Government, Non-Profit Organizations, and persons not actively participating in a profession or business.

Schedule D

Utility Companies
Single Rate: \$ 471.00

Annual Investment: _____
 One Time Processing Fee: _____ \$25.00 _____
 Total Amount Due With Application: _____
 Authorized Signature: _____
 Referred By: _____

Application is hereby made for membership in the Paramount Chamber of Commerce, beginning _____, 20____, renewable annually.

Company Name: _____ Phone: _____ Fax: _____

Location Address: _____

Mailing Address (if different): _____ Established Date: _____

No. of Employees: _____ Ownership: Male__ Female__ Ethnicity____ Minority Certifications: _____

Contact Person: _____ Title: _____

Chief Executive: _____ Title: _____

E-Mail Address: _____ Web Page Address: _____

Business Description: _____

[] MC [] VISA [] AMEX [] DISC #: _____ Exp Date: _____

Billing Address & City _____ Billing Zip: _____

Name on Card: _____ 3 Digit CVC Code from Bank _____

Signature _____ Amount: \$ _____