



**PARAMOUNT
CHAMBER
OF COMMERCE**

MEMBERSHIP APPLICATION

15357 Paramount Boulevard
Paramount CA 90723
(562) 634-3980 Fax (562) 634-0891
www.paramountchamber.com
www.facebook.com/ParamountChamber
bcrowson@paramountchamber.com

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 and 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 above, along with your payment.

Annual Investment (See Schedule on Right): \$ _____

Additional Directory Listing/Yr (15.00 ea): \$ _____

One Time Processing Fee: \$ 25.00

Total Amount Due With Application: \$ _____

Authorized Signature:

X _____

Referred By: _____

(Current Member)

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

APPLICATION FOR MEMBERSHIP

Application for membership in the Paramount Chamber of Commerce, beginning ___/___/___ renewable annually. (Please attach your business card for data entry)

Company Name: _____ Phone: _____ Fax: _____

E-Mail Address: _____ Website: _____

Location Address: _____ No. of Employees: _____

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

Ownership: Male ___ Female ___ Ethnicity ___ Minority Certifications: _____

Contact Person: _____ Title: _____ Phone: _____

Chief Executive _____ Title: _____ Phone: _____

Business Category: _____ Description: _____

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

Billing Address & City _____ Billing Zip: _____ CVC Code: _____ Amt: \$ _____

Name on Card: _____ Signature: _____