



Kalama Chamber of Commerce
PO Box 824
Kalama, WA 98625



2016 Membership Application

For more information go to www.kalamachamber.com

EMPLOYEES:	DUE AMOUNT:
1 thru 2	\$ 35.00
3 thru 9	\$ 70.00
10 thru 19	\$150.00
20 thru 39	\$200.00
Over 40	\$300.00
NON-PROFIT ORGANIZATIONS	\$ 35.00

New membership applications welcome anytime!

Organization: _____

Membership contact person: _____

Physical address _____

Mailing address _____

Phone#: _____ Fax#: _____

E-Mail _____

Web Address _____

of Employees _____ Type of business _____

I am including an additional \$_____ I would like to donate toward youth programs & activities

- *The mentioning of your business or organization in our online membership directory will be exactly as filled out on this form.*
- *If you would like your logo to appear on our marketing materials where appropriate and on our website, please send it to kalamachamber@outlook.com in jpg, png, pdf or eps format.*

PLEASE INCLUDE YOUR E-MAIL ADDRESS

Thank you for joining Kalama Chamber this year!

Fill out this form and mail it with your dues to:

Kalama Chamber of Commerce, PO Box 824, Kalama, WA. 98625