



## EL DORADO COUNTY CHAMBER MEMBERSHIP

# APPLICATION FORM



Yes! Sign me up to Auto Renew  
Annually for 10% Discount

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Firm or Organization Name: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

(Equivalent to full time)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fax: \_\_\_\_\_

Email\*: \_\_\_\_\_

Website: \_\_\_\_\_

\*By listing your e-mail on this application you are consenting to the Chamber contacting you via e-mail.

Business Description (20 words or less): \_\_\_\_\_

Set Up Fee..... \$40.00

Annual Membership Investment..... \$ \_\_\_\_\_

Gold Member Contribution (\$100)..... \$ \_\_\_\_\_

Political Action Committee Contribution..... \$ \_\_\_\_\_

Total..... \$ \_\_\_\_\_

Make check payable to:

**EDC Chamber of Commerce**  
542 Main St. Placerville, CA95667

Method of Payment: Check MasterCard Visa Discover AMEX

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_ - \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

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

Number of Employees Equivalent to F/T	Annual Investment
0	\$ 232
1-2	\$ 290
3-5	\$ 353
6-8	\$ 402
9-11	\$ 507
12-25	\$ 623
26-50	\$ 877
51-99	\$ 1,024
100+	\$ 1,230
Non-Profit Organization	\$ 180
Non Business Individual	\$ 157
Student or Senior (62+)	\$ 54

## Questions?

Contact:

**Cathy Zuber**  
Membership Director

530-621-5885 | [members@eldoradocounty.org](mailto:members@eldoradocounty.org)

