



Union City Chamber of Commerce

Membership Application

3939 Smith St.
 Union City, Ca. 94587
 (510) 952-9637 Ph.
 (510) 952-9647 Ex.

Company and Contact Information

Company Name: _____ Membership Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____ Website: _____

Secondary Contact Name: _____ Title: _____

Phone: _____ Email: _____

Membership Classification

Business Industry: _____ Number of Employees: _____

Business Description: _____

List of Business Industries you are interested in doing business with: _____

Reason for joining the chamber: _____

Do you have a Face Book Account? Yes _____ No _____ Twitter Name: _____

Membership Payment

Annual Rates			
Special NEW Rate: Home-based Business \$125.00			
1-3 Employees:	\$255	21-50 Employees:	\$640
4-10 Employees:	\$310	51-100 Employees:	\$860
11-20 Employees:	\$420	100+ Employees:	\$1080

Annual membership: \$	
Initial processing fee: \$	25.00
Total Due: \$	

Credit Card: Visa MasterCard Cash Money Order Check # _____

Card #: _____ Exp: _____ Signature: _____

Name on Card: _____ Billing Address: _____