

# Membership Application

El Dorado County Chamber of Commerce  
542 Main Street, Placerville, CA 95667  
Ph: (530) 621-5885 or 1-800-457-6279 Fax: (530) 642-1624  
www.eldoradocounty.org \*\* members@eldoradocounty.org

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

Application Date: \_\_\_\_\_

**\*\*Please Print All Information\*\***

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

***By listing your e-mail and/or fax number on this application you are consenting to the Chamber contacting you via e-mail or fax.***

No. of Employees: \_\_\_\_\_ (*Equivalent to full time*)

Business Description (20 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While not deductible as a charitable contribution for federal income tax purposes, paid membership dues are deductible for most members as an ordinary and necessary business expense. Non-refundable.

***See The Reverse Side For Membership Investment Schedule.***

*I would like to participate in the Member to Member Discount program.*

Please describe type of discount or attach sample. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

