



### MEMBERSHIP COMMITMENT

The Greater Marysville Tulalip Chamber of Commerce  
8825 34th Avenue NE, Suite C, Tulalip, WA 98271  
(360) 659-7700 | Fax (360) 653-7539  
Email: [services@marysilletulalipchamber.com](mailto:services@marysilletulalipchamber.com)

<b>OFFICE USE ONLY</b>	
Date _____	Membership Representative: _____
<input type="checkbox"/> Announcement	<input type="checkbox"/> Packet

The information you provide about your business will be used in the Chamber's printed and online *Business Directory*, as well as in our database. Consumers who wish to do business with you rely on us to provide them with accurate information.

PLEASE TYPE OR PRINT CLEARLY TO ENSURE THAT YOUR INFORMATION IS LISTED CORRECTLY.

Business Name: \_\_\_\_\_  
 Corporate Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Website: www. \_\_\_\_\_  
 Contact [Primary]: \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Contact [Billing]: \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ # of Full Time Employees \_\_\_\_\_ # of Part Time Employees \_\_\_\_\_

Do you want your fax and email published in our directories and online? Fax #: \_\_\_ Yes \_\_\_ No Email: \_\_\_ Yes \_\_\_ No

Did another Chamber member refer you to us? Name: \_\_\_\_\_ Company: \_\_\_\_\_

Why did you join the Chamber?:  Referrals & Exposure  Networking  Benefits & Services  
 Government Representation  Community Support  Participation

**Narrative Description:** Please use the other side of this application to provide us with a brief paragraph that best describes your business for online & print publication.

**Are you interested in participating in or receiving more information about any of the following Chamber activities & promotional opportunities? Please check all that apply.**

- Sponsoring** Chamber events or programs to showcase your business?
- Member to Member Discount** program? If **Yes**, please describe your offer on the other side of this application.
- Hosting a Business After Hours** event at your place of business?
- Joining a Committee:**  Emissaries  Government Affairs  Board of Directors
- Hosting a Volunteer Information Tour** to familiarize our Chamber volunteer staff about your products & services?

<b>Payment Information:</b>	Annual Base Investment: \$ 235.00
	Add'l Employees (5+) \$ _____
	Initiation Fee \$ 50.00
	<b>Total Investment:</b> \$ _____

<b>Communication:</b> I authorize the Chamber to communicate with me by fax and email regarding Chamber events and announcements.
Email: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax: <input type="checkbox"/> Yes <input type="checkbox"/> No

VISA / MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cash \_\_\_\_\_ Chk#: \_\_\_\_\_

**We agree to honor this membership in accordance with The Greater Marysville Tulalip Chamber of Commerce Bylaws.**  
(A copy of The Greater Marysville Tulalip Chamber of Commerce Bylaws is available upon request.)

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

