



CHAMBER OF COMMERCE & VISITOR INFORMATION CENTER

APPLICATION FOR MEMBERSHIP

The following information is used for the membership directory, web site, and other marketing materials. Please type or print clearly using upper and lower case. The chamber offers each member a brief description of their business (up to 3 sentences) for your online business listing. Please email this description and a jpg of your logo to: vic@cityofblaine.com or write on the back of this form.

Organization/Individual Name: _____ New Application Renewal

Contact Name: _____ Date: _____

Title: _____ UBI# (required for business memberships): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Work Phone Number: (_____) _____ Toll Free Number: (_____) _____

Fax Number: (_____) _____ E-mail Address: _____

Web Site: _____

BUSINESS CATEGORY TO BE PLACED IN: (please circle any that apply):

- Accommodations
- Arts & Performing Arts
- Banking / Financial
- Education
- Government
- Health
- Manufacturing
- Real Estate
- Restaurants
- Retail /Shopping
- Services

I want to advertise my business and help sponsor the Blaine Chamber with a logo ad on the Blaine Chamber website
Seen on almost every page of the Chamber website! Email a JPG file of your logo to: vic@cityofblaine.com

Link my Logo ad to (website/social media/other): _____

Cost: \$150/year OR \$100 for 6 months = \$ _____ Months to run ad (if 6 months): _____

Please provide a link to my Social Media Networks in my chamber membership listing:

- Facebook
- Twitter
- YouTube
- LinkedIn
- Other: _____

Social Media Addresses: _____

I'm interested in volunteering for the following chamber committees/events:

- Bite of Blaine Committee
- Old Fashioned July 4th Celebration
- Wings Over Water NW Birding Festival
- Drayton Harbor Days
- Holiday Harbor Lights
- Other: _____

YES! Please send me an E-mail reminder prior to each meeting/event(s)

Membership Rates		Membership Types	
Business		Please select what type of membership you are applying for	
Number of Employees	Annual Cost	<input type="checkbox"/> Business	<input type="checkbox"/> Non-Profit
2 part time employees = 1 full time employee		<input type="checkbox"/> Individual	<input type="checkbox"/> Associate
0	\$50	Total Number of Employees: _____	
1-5	\$100	Membership Fee:	\$ _____
6-15	\$160	Logo Ad Cost:	\$ _____
16-30	\$210	Total Amount Enclosed:	\$ _____
31-50	\$385	Please mail or fax this form with your payment to:	
51-75	\$410	Blaine Chamber of Commerce	
76-100	\$480	728 Peace Portal Drive	
101+	\$685	Blaine, WA 98230	
Individual	\$35	Fax: 360-332-4544	
This membership is only for individuals that do not own a business, but would like to belong to the Blaine Chamber of Commerce.		Payments can be made by cash, check, or credit card.	
Associate/Non-Profit	\$50	Credit Card information: Visa, Mastercard, or Discover	
This Membership is only for individuals, out-of-town businesses, and non-profit organizations that would like to display information at the Blaine Visitor Center.		Name (As it appears on card): _____	
		Card #: _____ Exp. Date: ____ / ____ / ____	
		Billing Zip Code: _____ CVV (3 digit code on back of card): _____	
		Signature: _____	

*The chamber reserves the right to edit member content as necessary.

A Membership Certificate will be sent on receipt of payment