



Membership Application

This information is used for our member directory on the Chamber's website.

Date: _____

Company/Organization Name: _____

Owner or Primary Representative: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (If applicable): _____

City: State: Zip: _____

Primary Phone: _____ Alternate Phone: _____

Toll-Free Phone: _____ Cell Phone: _____

Business Fax: _____

e-mail Address: _____

Website: _____

Facebook Page: www.facebook.com/ _____

Associate Representative(s) (If applicable): _____

Associate's Phone: Cell Phone (If applicable): _____

Associate's E-mail: _____

Describe your hours of operation in 100 characters or less.

Provide a description of your business in 125 characters or less.

Provide directions to your business in 125 characters or less.

Provide up to 6 keywords (or phrases) to describe your business.

What would you like the Bristol Bay Borough Chamber of Commerce to do for you?

Annual Membership Categories - Mark One:

- | | |
|---|--------|
| <input type="checkbox"/> Individual/Non-Business: | \$50 |
| Business Levels | |
| <input type="checkbox"/> Level 1: Owner Plus 1 - 4 Employees | \$150 |
| <input type="checkbox"/> Level 2: Owner Plus 5 - 8 Employees | \$200 |
| <input type="checkbox"/> Level 3: Owner Plus 9 - 25 Employees | \$250 |
| <input type="checkbox"/> Level 4: Corporate 25+ Employees | \$1500 |

By signing the applicant agrees to be bound by the by-laws and regulations of the Bristol Bay Borough Chamber of Commerce. Membership is considered continuous until cancelled in writing or by non-payment of renewal fees.

Signature: _____

Please pay by check made out to the Bristol Bay Chamber of Commerce and mail to:

P.O. Box 224 King Salmon, AK 99613

Questions or feedback? Feel free to call the Chamber Office 907-246-2222.