

Malad Area Chamber of Commerce Member Application

Membership is subject to Board approval and won't become effective until dues are received

Business/Organization _____
Owner/Contact _____
Physical Address _____
City _____
State _____
Zip Code _____
Mailing Address _____
City _____
State _____
Zip Code _____
Phone Number _____
Other Phone _____
E-mail Address _____

Show this e-mail address on the web site yes no

Web Site Address _____

Business description
and products

Chose no more than two categories that your business/organization will be listed under.

- | | | | | |
|--|-------------------------------------|---------------------------------|-------------------------------------|--|
| Auto <input type="checkbox"/> | Lodging <input type="checkbox"/> | Realty <input type="checkbox"/> | Recreation <input type="checkbox"/> | Money/Finance <input type="checkbox"/> |
| Agriculture/Pet <input type="checkbox"/> | Restaurant <input type="checkbox"/> | Health <input type="checkbox"/> | Services <input type="checkbox"/> | Contractors <input type="checkbox"/> |
| Communications <input type="checkbox"/> | Government <input type="checkbox"/> | Retail <input type="checkbox"/> | Industry <input type="checkbox"/> | Insurance <input type="checkbox"/> |

Comments:

Please submit this form and mail a check for the amount of dues owed to:

Malad Area Chamber of Commerce
PO Box 24
Malad, ID 83252

Individual (non-business)	\$35
Self + 0 employees	\$50
Self + 1 employee	\$75
Self + 2-5 employees	\$100
Self + 6-10 employees	\$150
Self + over 10 employees	\$200