



504 1st Street
Cheney, Washington 99004
Phone: 509-747-8480
Fax: 509-624-5244
community@westplainschamber.org

Membership Information Form

Date: _____

Please complete the membership information form below and email, fax or mail it to us at the address shown above.

Please type, or clearly print your information

Company Name: _____

Parent Company Name: _____

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact E-mail: _____

Backup Contact Name: _____

Backup Contact Title: _____

Backup Contact E-mail: _____

Primary Contact Phone#: _____ Backup Contact Phone#: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Physical Address Line 1: _____

Physical Address Line 2: _____

Physical City: _____ Physical State: _____ Physical Zip: _____

Fax: _____ Website (URL): _____

E Mail address for Newsletter and Chamber Updates: _____

To be Displayed in our Online Member Directory

Web Site Address: _____

How do you want your business name to appear? _____

Do you prefer to have your physical address or mailing address listed? Physical Mailing

What phone # do you want listed? _____ What FAX#? _____

What Email (if any) would you like listed? _____

Please list discount or specials (if any) you will offer to fellow Chamber members through our Member to Member Savings Card Program:

Do you have a Facebook page? If so, please list name: _____

AREAS of INTEREST:

(circle those that apply)

- Economic Development Networking Special Events Policy/Legislative
- Professional Development Community/Chamber Events Advertising/Promotion

Please verify your correct membership level and update as needed.

General Membership Investment Levels (*FTE = Full time equivalent number of employees)

1 to 2 employees or FTE*	\$155/year
3 to 4 employees or FTE*	\$170/year
5 to 7 employees or FTE*	\$205/year
8 to 10 employees or FTE*	\$240/year
11 to 14 employees or FTE*	\$285/year
15 to 24 employees or FTE*	\$395/year
25 to 34 employees or FTE*	\$455/year
35 or more employees or FTE*	\$515/year

Platinum Membership \$2,500/year

Diamond Membership \$5,000/year

Visionary Membership \$10,000/year

Non-profit Associations, Churches, Individuals, Retirees and other association rates

Non-profit Associations	\$50/year
Churches	\$50/year
Other Associations	\$75/year
Individuals	\$50/year
Retirees	\$25/year

Membership Dues

Number of employees: ____ Full-time-equivalent (FTE) # of employees: ____ Membership Level: ____

Membership Investment

Annual Dues \$ _____ Method of Payment (please circle one)

Initial Processing Fee (first year only) \$ 15.00 Cash Check Credit Card Invoice Me

Total Due \$ _____

Visa/MC # _____ Expiration Date _____

Name as it appears on card: _____