



**MILL VALLEY**  
CHAMBER OF COMMERCE  
& VISITOR CENTER

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Business Category (Check up to 2 categories):**

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Business Services     | <input type="checkbox"/> 08 Government, Non-Profit |
| <input type="checkbox"/> 02 Community Member      | <input type="checkbox"/> 09 Health & Fitness       |
| <input type="checkbox"/> 03 Consumer Services     | <input type="checkbox"/> 10 Hotels & Lodging       |
| <input type="checkbox"/> 04 Education, Schools    | <input type="checkbox"/> 11 Media                  |
| <input type="checkbox"/> 05 Entertainment         | <input type="checkbox"/> 12 Real Estate            |
| <input type="checkbox"/> 06 Financial & Insurance | <input type="checkbox"/> 13 Retail                 |
| <input type="checkbox"/> 07 Food & Beverage       | <input type="checkbox"/> Other:                    |

**Subcategory:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of your business for publication: \_\_\_\_\_

**Your Business Social Media:**

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

LinkedIn: \_\_\_\_\_ Instagram, Pinterest, Others: \_\_\_\_\_

**MEMBERSHIP FEES (Based on number of employees)**

		<b>*Monthly</b>	<b>Annually</b>
<input type="checkbox"/>	1-4 Employees:	\$22	\$264
<input type="checkbox"/>	5-25 Employees:	\$33	\$396
<input type="checkbox"/>	26-50 Employees:	\$44	\$528
<input type="checkbox"/>	51-74 Employees:	\$60	\$720
<input type="checkbox"/>	75+ Employees:	\$75	\$900

- Annual
- Monthly

**TOTAL REMITTED** \_\_\_\_\_

- Check
- Visa
- MC
- Amex

- 10% Discount for Nonprofit, based on # of employees

- Individual/Non-Business Community Member: \$75

Card # \_\_\_\_\_

Membership fee is not deductible as a charitable contribution for Federal income tax purposes but may be deductible as ordinary and necessary business expense.

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\*One-year minimum commitment for monthly membership.

Signature: \_\_\_\_\_