

Membership Application

This information will be used as your official membership information with the SLO Chamber and will be published both online and in print directories as well as used to refer your business.

Business/Organization Name: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Billing Address: _____ City: _____ Zip: _____

Which address should we use for your Membership Directory Listing?

☐ Physical ☐ Mailing ☐ Billing ☐ None

Website: _____ **Business E-mail:** _____

Local Phone: _____ **Local FAX:** _____

Billing Phone: _____ **Billing Contact:** _____

Main Profile: Owner, Area/Regional or District Manager:

Name: _____ **Title:** _____

E-mail: _____

Direct Phone: _____ **Cell:** _____

Additional representatives from your business that you'd like to receive Chamber communications:

Name: _____ **E-mail:** _____ **Phone:** _____

Name: _____ **E-mail:** _____ **Phone:** _____

Name: _____ **E-mail:** _____ **Phone:** _____

Additional names may be added at anytime

Number of employees (include ALL owners, partners and managers): Full-time: _____ Part-time: _____

Directory/Category Listing(s): _____

First category listing is free and all additional listings are \$35/each for the year. [Click here](#) for a list of categories.

Are you a non-profit (501c3) Yes

Business owned by a: Cal Poly Grad Cuesta Grad Woman Veteran
(Please check all that apply)

LGBTQ+ BIPOC (Black, Indigenous, People of Color)

Description of your business activities (*will be used to refer customers to your business*): up to 100 words

Annual Dues \$ _____ Initiation Fee \$ _____ Enclosed is \$ _____

Referred by a Chamber member? Tell us who: _____

**information provided in red will be made available to the public.*



I understand that all membership decals and plaques remain the property of the San Luis Obispo Chamber of Commerce and represent the current status of a member, they must be removed and returned if membership ends.

Signature _____ Date _____

The Chamber service or program that most influenced my decision to join was _____

Date: _____ Staff Initials: _____

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Cardholder Address: (as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: _____ American Express _____ MasterCard _____ Visa

Credit Card Number: _____

Expiration Date: _____ CID Number _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

If you would like a receipt emailed to you,
please list your email address here: _____

Participating credit card companies are now requiring a billing address and phone number for FRAUD PREVENTION. All information MUST be provided. Thank you for your cooperation!
If using your credit card for payment, please return this Authorization Form by mail to:

San Luis Obispo Chamber of Commerce

Attn: Membership Department

895 Monterey Street

San Luis Obispo, CA 93401-3222

Or by Fax to: (805) 543-1255