

# STRONG SUSTAINABLE LOCAL

BAINBRIDGE ISLAND CHAMBER OF COMMERCE

## MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_

Main Contact \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Employee Count \_\_\_\_\_

### MEMBERSHIP LEVEL

- |  |       |
|--|-------|
| <input type="checkbox"/> 1-10 employees                | \$250 |
| <input type="checkbox"/> 11-50 employees               | \$500 |
| <input type="checkbox"/> 51-100+ employees             | \$750 |
| <input type="checkbox"/> Nonprofit Business            | \$250 |
| <input type="checkbox"/> Individual Non-bus Membership | \$100 |
| <input type="checkbox"/> Artist/Artisan                | \$100 |
| <input type="checkbox"/> Entrepreneur*                 | \$100 |
| <input type="checkbox"/> Application Fee - REQUIRED    | \$25  |

**Total Amount Due** \_\_\_\_\_

*\*Newly registered with state, 1-2 FTE, may be in this level for one year only*

### DIRECTORY INFORMATION (Print & Online)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please hide my address on my listing

Business Category \_\_\_\_\_

Keywords \_\_\_\_\_

### BILLING ADDRESS (If Different)

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I would prefer to receive invoices and statements by:

- Postal mail  
 E-mail

\_\_\_\_\_  
(Email address if different)

**Initial payment includes annual membership dues plus \$20 application fee.** (Ex: \$250 membership investment + \$20 application fee = \$270 due with application.)



395 Winslow Way E  
Bainbridge Island, WA 98110  
206-842-3700  
membership@bainbridgechamber.com  
BainbridgeChamber.com  
VisitBainbridge.com  
GrandOld4th.com