

Application and Membership Agreement

YES, I would like to join the
Greater Bakersfield Chamber of Commerce

Please Print

Company Name: _____ List in Directory Alphabetically by: _____

Address (Physical): _____ Zip: _____

Address (Mailing): _____ Zip: _____

City: _____ State: _____ Phone: _____ Fax: _____ Website address: _____

Type of Business: _____ Number of Employees: Full-Time: _____ Part-Time: _____

Category(s) to be used in Membership Directory (Maximum of Two Categories per Membership - Discuss category index with membership sales representative.)

1. _____ 2. _____

In 25 words or less, please give us a statement about your business (i.e. business philosophy, explanation of products or services, etc.). This information is intended for use in the Chamber newsletter and/or other media as may be appropriate: _____

GBCC Investment

Annual Investment	\$ _____
(See Investment Dues Schedule)	
Administration Fee	\$ 45.00
(Mandatory One-Time Charge)	
Political Action Committee: BCCPAC	\$ _____
(Voluntary Contribution)	
Website Listing	\$ _____
(As Negotiated)	
First Year Chamber Investment	TOTAL \$ _____
	(Includes Administration Fee and any additional fees)

INVESTMENT DUES SCHEDULE

Dues are determined by the number of employees including full time employees, part time employees and temporary employees. Employees include working owners & managers.

1 to 9 Employees	\$375
10 to 25	\$445
26 to 39	\$545
40 to 69	\$645
70 to 99	\$825
100 and over	\$825+\$2 per employee
Associate*	\$205
Retired	\$65

Two part-time employees are equivalent to one full-time employee.

*An associate annual membership is provided for individuals not engaged in business and for branches of member firms. Contact Chamber Membership Director for Branch office qualifications.

Dues investment amounts are subject to change without notice. Dues are not deductible as a charitable contribution for income tax purposes. Dues may be considered as an ordinary and necessary business expense. Nonprofit Memberships: Contact Chamber Membership Director.

Make checks payable to: Greater Bakersfield Chamber of Commerce and return with Membership Application

Please bill my: Visa/MC/AMEX _____
(circle one) account number exp date

Billing Zip Code: _____ CVV Code: _____

Member Sales Representative: _____

My signature below authorizes the Chamber to provide notification of Chamber information by mail, fax, e-mail and text messaging as may be appropriate.

Signature _____ Date _____



Please mail application to: GBCC • PO Box 1947 • Bakersfield, CA 93303
Or deliver to: 1725 Eye Street (corner of 18th & Eye Streets downtown)
TEL: 661-327-4421 • FAX: 661-327-8751 • <http://www.bakersfieldchamber.org>

GREATER BAKERSFIELD CHAMBER OF COMMERCE
Member Representatives

Primary Representative:

Name: _____ Email: _____

Job Title: _____ Phone: _____ Ext: _____ Receives Chamber Mailings: Yes No

Mailing Address: _____ City/State/Zip: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Second Representative (Optional):

Name: _____ Email: _____

Job Title: _____ Phone: _____ Ext: _____ Receives Chamber Mailings: Yes No

Mailing Address: _____ City/State/Zip: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Third Representative (Optional):

Name: _____ Email: _____

Job Title: _____ Phone: _____ Ext: _____ Receives Chamber Mailings: Yes No

Mailing Address: _____ City/State/Zip: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Additional Contacts (Email Only - Optional):

Name: _____ Email: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Name: _____ Email: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Name: _____ Email: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Name: _____ Email: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

Name: _____ Email: _____

Committee Interests (Check All that Apply): Ambassador Committee Beautiful Bakersfield Committee Governmental Review Council

For Office Use Only

Member Form/File _____	Committee Correspondence _____
President's Letter _____	New Member Kit _____
Dues Deposit _____	Orientation Call _____
Chamber Button Sent _____	File _____
My Chamber App _____	