

# Application and Membership Agreement



BUILDING *Something Better*

**YES, I would like to join the Greater Bakersfield Chamber**

**PLEASE PRINT OR TYPE**

Company Name: \_\_\_\_\_

Address (PHYSICAL): \_\_\_\_\_ Zip: \_\_\_\_\_

This address will show up on the Chamber's website and annual business directory.

Address (MAILING): \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website address: \_\_\_\_\_

**NUMBER OF EMPLOYEES:** Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Are you a 501(c)3? \_\_\_\_\_

Type of Business: \_\_\_\_\_

To see a list of the Chamber's business categories, contact Cathy Albyn at calbyn@bakochamber.com.

**IN 25 WORDS OR LESS**, please provide 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GBC INVESTMENT

Annual Investment	\$ _____
One Time Administration Fee	\$ 50.00
Website Listing	\$ Included
Subtotal	\$ _____

### VOLUNTARY CONTRIBUTIONS:

BCCPAC	\$ _____
Scholarship	\$ _____
Total Initial Investment	\$ _____

**MAKE CHECKS PAYABLE TO:** Greater Bakersfield Chamber and return with Membership Application

Please bill my: Visa MC AMEX

Account Number: \_\_\_\_\_ Exp: \_\_\_\_\_

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

Chamber Sales Representative: **Cathy Albyn 559-967-1884**

Did someone refer you?

No Yes: \_\_\_\_\_

## 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.

### TWO PART-TIME EMPLOYEES ARE EQUIVALENT TO ONE FULL-TIME EMPLOYEE.

1 to 9 Employees	\$385
10 to 25	\$455
26 to 39	\$555
40 to 69	\$655
70 to 99	\$835
100 and over	\$835+\$2 per employee
Associate*	\$210
Retired	\$70

\*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. For 501(c)3 nonprofit rates, please contact Cathy Albyn at calbyn@bakochamber.com

**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:** GBC • 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.bakochamber.com>

See reverse side for additional info

GREATER BAKERSFIELD CHAMBER  
**Member Representatives**



BUILDING *Something Better*

**Primary Representative: PLEASE INDICATE MR./MRS./MS.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_ Receives Chamber Mailings: Yes No  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Billing Representative: PLEASE INDICATE MR./MRS./MS.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_ Receives Chamber Mailings: Yes No  
Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Additional Representative(s) (Optional): PLEASE INDICATE MR./MRS./MS.**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**The Greater Bakersfield Chamber**

Building a Strong Local Economy • Providing Networking Opportunities

FOR OFFICE USE ONLY

Member Form/File \_\_\_\_\_  
President's Letter \_\_\_\_\_  
Dues Deposit \_\_\_\_\_  
Constant Contact emails \_\_\_\_\_  
New Member Board Report \_\_\_\_\_  
Dues Log \_\_\_\_\_

Verification Form \_\_\_\_\_  
Coffee with the Chamber \_\_\_\_\_  
Committee Correspondence \_\_\_\_\_  
New Member Kit \_\_\_\_\_  
Orientation Call \_\_\_\_\_  
File \_\_\_\_\_