



HEALDSBURG
CHAMBER OF COMMERCE
& VISITORS BUREAU

**MEMBERSHIP
APPLICATION**

Company Name _____

Contact Person, Title _____

Business Category (see www.business.healdsburg.com/list) _____

Secondary Business Category (additional \$35) _____

Number of f/t Employees _____ Number of p/t employees _____

Number of rooms (for lodging businesses) _____

AVA (for wine related businesses) _____

Phone _____ Fax _____

Primary Email (for internal use by chamber) _____

Published Email (if different) _____

Website _____

Additional Contact Person, Title _____

Additional Contact Person Email _____

Physical Address Street _____

City, State, Zip _____

Mailing/Billing Address (if different) Street _____

City, State, Zip _____

Signature _____ Date _____

Please return completed form to Healdsburg Chamber of Commerce & Visitors Bureau
217 Healdsburg Avenue, Healdsburg, CA 95448
Phone: (707) 433-6935 Fax: (707) 433-7562
Email: info@healdsburg.com
(send 50-75 word description to info@healdsburg.com)
All costs are based on a one year membership.

2018 MEMBERSHIP INVESTMENT LEVELS

General Business <i>(retail, banks, professional service)</i> + \$5 for each full-time employee* over 10	\$325
Hospitality-Related Business <i>(restaurants, wineries, tasting rooms, tours, & other)</i> + \$5 for each full-time employee* over 10	\$425
Lodging +\$10 per room over 1	\$425
Home-based Business	\$200
Associate Membership	\$200
Multiple Business	\$200
Community Service Club	\$150
Non-Profit Agencies	\$150
HYPE <i>(Healdsburg Young Professionals & Entrepreneurs)</i>	\$25
Additional Category Listing	\$35
Enhanced Website Directory Listing	\$200

*2 part-time employees = 1 full-time employee.

PAYMENT INFORMATION

1-Year Membership	\$ _____
Additional Categories (\$35 each)	\$ _____
Additional Businesses <i>(same owner, multiple businesses, \$200 each)</i>	\$ _____
HYPE	\$ _____
Enhanced Website Directory Listing	\$ _____
Number of Employees over 10 _____ x \$5	\$ _____
Number of Rooms over 1 _____ x \$10	\$ _____
INVESTMENT TOTAL	\$ _____

Payment Method: ___ Visa ___ MasterCard ___ Check

Credit Card # _____

Exp. Date _____ 3-Digit Code _____

Name on Card _____

Billing Zip Code _____ Phone Number _____

Signature _____ Date _____