



# MEMBERSHIP APPLICATION

By signing below, I understand the benefits of membership accrue to my company/organization only if the membership investment is current. I agree to the terms of the bylaws outlined by the Anchorage Chamber of Commerce. Membership is considered continuous until canceled in writing. The Anchorage Chamber of Commerce is a 501 c (6) corporation. (Federal Tax I.D. #92-0010298)

## MEMBER INFORMATION

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

GENERAL PHONE \_\_\_\_\_ GENERAL FAX \_\_\_\_\_

GENERAL E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

BUSINESS CLASSIFICATION/CATEGORY \_\_\_\_\_

SECONDARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ SECONDARY E-MAIL \_\_\_\_\_

TERCIARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ TERCIARY E-MAIL \_\_\_\_\_

## BILLING CONTACT INFORMATION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

DIRECT PHONE \_\_\_\_\_ DIRECT FAX \_\_\_\_\_

PLEASE EXCLUDE MY E-MAIL ADDRESS FROM THE GENERAL MEMBERSHIP INFORMATION LIST. \_\_\_\_\_

**BUSINESS DESCRIPTION (30 WORDS OR LESS)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ANCHORAGE EMPLOYEES

FULL-TIME \_\_\_\_\_

PART-TIME \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

## I WOULD LIKE MORE INFORMATION

\_\_\_\_ ADVOCACY & GOVERNMENT AFFAIRS

\_\_\_\_ COMMUNITY SERVICE

\_\_\_\_ MARKETING & SPONSORSHIP OPPORTUNITIES

\_\_\_\_ NETWORKING

\_\_\_\_ PROFESSIONAL DEVELOPMENT & EDUCATION

## MEMBERSHIP INVESTMENT

YEARLY \$ \_\_\_\_\_

PRO-RATED (IF APPLICABLE) \$ \_\_\_\_\_

ADMINISTRATIVE FEE \$ 50.00

TOTAL \$ \_\_\_\_\_

**FOR OFFICE USE ONLY:**

MEMBER LEVEL: \_\_\_\_\_

ANNIVERSARY: \_\_\_\_ JAN \_\_\_\_ JUL \_\_\_\_ JAN/JULY

DATE RECEIVED: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

CATEGORY# \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

SOLD BY \_\_\_\_\_

**PAYMENT: (CIRCLE ONE)**  
 CHECK ENCLOSED       CREDIT CARD

(CIRCLE ONE)  VISA       MASTERCARD  
 AMERICAN EXPRESS

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVD# \_\_\_\_\_

NAME ON CARD (PLEASE PRINT) \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

907.272.2401 (P)  
 907.272.4117 (F)

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 ANCHORAGE, ALASKA 99501

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 ANCHORAGECHAMBER.ORG

ANCHORAGE CHAMBER OF COMMERCE: "ADVANCING BUSINESS"