Membership Application

ANCHORAGE CHAMBER of COMMERCE

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)

Membership Level	Investment
No. of Full-Time Employees	
Executive Level	
>500	$3700 +
Corporate Level	
101-500	$1,365-$2,575
Entrepreneur Level	
31-100	$595-$1,200
Business Level	
1-30	$300-$525

Member Information

Company Name

Primary Contact — Title

Address

City/State/Zip

General Phone — General Fax

Business E-Mail — Web Site

Business Classification/Category

Please exclude my e-mail address from the general membership information list. _____

Billing Contact Information

Name — Title

Address — E-mail

Direct Phone — Direct Fax

Payment

Check Enclosed

Credit Card: (Circle One)
VISA MasterCard American Express

Card Number — Exp. Date

Name on Card (please print)

Card Holder Signature

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
$ 40.00

Total
$ _____

Business Description (30 words)

_____

_____

_____

_____

_____

_____

Authorized Signature

Date _____

For Office Use Only:

Member Level: _____

Anniversary: ___ Jan ___ Jul ___ Jan/July

Date Recieved: _____

Date Entered: _____

Category# _____

Account # _____

Sold By _____

907.272.2401 (p)
907.272.4117 (f)

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www.anchoragechamber.org