

**PRIEST RIVER CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION**

Name of Business or Individual: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Cell # _____

Email: _____

Website: _____

Contact person(s): _____

Business anniversary date: _____

Did someone ask you to join the Chamber _____ *if so who* _____

Describe your business as you would like it on website

Yearly dues for the Chamber of Commerce are as follows; (Membership is not transferable)

Individual or civic group	\$25.00
Home based business	\$45.00
Business with up to 5 employees	\$75.00
Business with 6-40 employees	\$150.00
Business with over 40 employees	\$275.00

Amount enclosed _____

Date _____

Signature _____

****PLEASE PAY FROM THIS INVOICE****

Please complete & return application to the Chamber Office

Priest River Chamber of Commerce

PO Box 929

Priest River, ID 83856