



**PARAMOUNT
CHAMBER
OF COMMERCE**

MEMBERSHIP APPLICATION

Our Guarantee

With Hundreds of businesses already belonging to the Paramount Chamber of Commerce... and with new members being added every month, we are so confident that you will be pleased with a Chamber Membership that we will guarantee it.

It's simple, if you join the Paramount Chamber of Commerce and for any reason are dissatisfied, we will refund your investment at the end of 90 days, no questions asked!

All we require is that you attend 3 events during that 90-day period. You may choose an After Hours Mixer, Networking Breakfast, Chamber Luncheon, or on of our Seminars.

So what are you waiting for? Invest in the Paramount Chamber. You'll be glad you did.

Fill out the application and mail it to us at the address below, along with your payment.

APPLICATION FOR MEMBERSHIP

Paramount Chamber of Commerce
15357 Paramount Boulevard,
Paramount CA 90723
(562) 634-3980 Facsimile (562) 634-0891

Membership Investment Guidelines	
Total Number of Employees	Minimum Annual Investment \$
1-4	170.00
5-9	215.00
10-19	261.00
20-29	306.00
30-39	351.00
40-49	397.00
50-59	441.00
60-69	487.00
70-79	533.00
80-89	577.00
90-99	622.00
100-119	666.00
120-149	714.00
150-199	802.00
200-259	847.00
260-329	892.00
330-399	936.00
400-499	981.00
500-599	1,025.00
600-699	1,069.00
700 +	1,109.00

Schedule C
Civic Membership
Single Rate **\$144.00**

Service Clubs, Churches, Civic Organizations, Public Schools, Government Employees Non-Profit Organizations, and persons not actively participating in a profession or business.

Schedule D
Utility Companies
Single Rate **\$425.00**

Annual Investment: _____
 One Time Processing Fee: _____ \$25.00 _____
 Total Amount Due With Application: _____
 Authorized Signature: _____
 Referred By: _____

Application is hereby made for membership in the Paramount Chamber of Commerce, beginning _____20_____, renewable annually.

Company Name: _____ Telephone: _____ Fax: _____

Location Address: _____

Mailing Address (if different): _____

Established Date: _____ Number of Employees: _____

Ownership: Male__ Female__ Ethnicity_____ Minority Certifications: _____

Contact Person: _____ Title: _____ Chief Executive _____: Title: _____

E-Mail Address: _____ Web Page Address: _____

Business Description: _____

Pay by Credit Card * Name on Card: _____ [] Visa [] MC [] AE

Credit Card Number: _____ Exp Date: _____ Amt: \$ _____

Signature: _____

