



Membership Application

Name: _____

Job Title: _____

Referred By: _____

Business Name: _____

Business Address: _____

Business Category: _____

Phone: _____

E-mail: _____

Website: _____

Number Of Full-Time Employees: _____

Check Visa MC AMEX DS

Card #: _____

Name On Card: _____

Exp Date: _____ CVV Code: _____

Billing Address Of Credit Card: (Same As Above)

Signature: _____

1 Year \$495

2 Years \$795 (Save \$195)



1 Year \$745

2 Years \$1295 (Save \$195)



1 Year \$1050

2 Years \$1795 (Save \$305)



1 Year \$3500

2 Years \$5995 (Save \$1005)



Non-Profit Organization (25% Off)

There is a one-time \$25 administration fee to process your membership. You only pay this at the time of joining.

I would like to be involved in a Committee.

Today's Date: _____

Phoenix Metro Chamber Dues Are Non-Refundable.