

MEMBERSHIP APPLICATION FORM



330 112th Ave Ne
Suite 100
Bellevue WA 98004
425-454-2464

www.bellevuechamber.org

About Your Company

Company Name: _____ Category: _____
Phone: _____ LinkedIn: _____
Email: _____ Website: _____
Twitter: _____ Facebook: _____
Primary Contact: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Billing Contact: _____ Phone: _____

Other Key Company Contacts:
CEO: _____ Email: _____
Office Manager: _____
Sales/Marketing: _____

Number of FTE: _____ Founded: _____

Membership Tier (Select One)

- Small Non Profit
- Starter
- Connector
- Corporate /Advocate
- Community Builder
- Premier
- Enterprise

If need help selecting a tier or pricing, go to <https://bellevuechamber.org/membership/membership-packages/>
or contact staff@bellevuechamber.org

I agree that I am purchasing one full year (365 days) of Bellevue Chamber membership that is non-refundable, renewable after the first year.

Pledge

I/We support the Bellevue Chamber's mission to make Bellevue a great place to live, work, play and shop.

Communication

I authorize the Bellevue Chamber to communicate with me by email regarding Chamber events, programs and services.

Authorized Signature: _____

For what reason(s) are you joining the Chamber? (check all that apply)

- Marketing
- Legislative Advocacy
- Professional Growth
- Networking
- Keep Informed on Local Issues
- Committees
- Education
- Benefits/Discounts/Insurance
- Publications
- Events
- Business Development
- Other: _____

How did you hear about the Chamber?

- Newspaper
- Internet
- Colleague
- Other: _____

Is your target market toward:

- Consumers
- Businesses
- Both

What type of business would you benefit most from connecting with?

Please contact me regarding:

- Business Development
- Business-to-Business Advertising
- Event Sponsorships
- Advertising/Marketing