

Bellingham Regional Chamber of Commerce Program Application



BELLINGHAM REGIONAL
CHAMBER OF
COMMERCE



Business
Health Trust

Business Name: _____ Website: _____

Primary Contact: _____
First Name/Last Name/Title

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____
First Name/Last Name/Title

Phone: _____ Fax: _____

Email: _____

Year your company was established locally _____ # of Local Employees: _____

Business Category: _____

Optional Categories—check all that apply:

Nonprofit Veteran-owned (51% or more) Women-owned (51% or more) Minority-owned (51% or more)

Choose your level

- Business Health Trust only: \$125**
You will not receive additional Membership Benefits
- Supporting Membership: \$356**
Includes Business Health Trust and Supporting Level Membership Benefits

Would you like to receive the chamber's
bi-monthly e-newsletter?
If so, please add email address below:

Payment

Annual Fee: \$ _____ Payment Visa Mastercard Discover Amex Check

Card or Check Number: _____ Expiration Date: ____ / ____ Security Code: _____

Name on card: _____ Business on card _____

Signature : _____

I authorize the Bellingham Regional Chamber of Commerce to charge this credit card annually for this program's dues.