

GREATER YAKIMA

Chamber of Commerce



Membership Application

Business Name: _____

Phone: _____ Address: _____

City: _____ Zip code: _____

Primary Contact: _____ Title: _____

Email: _____ Primary Contact Phone: _____

Membership Level: _____ (Business Health Trust, Basic, Bronze)

Payment Options: Please Invoice me! (Pay online or send check)

Billing Address (if different from Business address):

Street _____ City: _____

Zip code: _____

Credit/Debit#: _____ Exp date: _____ Code: _____

Signature: _____ Date: _____

Greater Yakima Chamber of Commerce

PO Box 1490 Yakima WA 98903 (509) 248-2021 www.yakima.org