Membership Application

This information will be used as your official membership information with the SLO Chamber and will be published both online and in print directories as well as used to refer your business.

Business/Organization Name: ____________________________________________________________

Physical Address: __________________________ City: __________________________ Zip: ___________
Mailing Address: __________________________ City: __________________________ Zip: ___________
Billing Address: __________________________ City: __________________________ Zip: ___________

Which address should we use for your Membership Directory Listing?
☐ Physical    ☐ Mailing    ☐ Billing    ☐ None

Website: __________________________ Business E-mail: __________________________
Local Phone: __________________________ Local FAX: __________________________
Billing Phone: __________________________ Billing Contact: __________________________

Main Profile: Owner, Area/Regional or District Manager:

Name: __________________________ Title: __________________________
E-mail: __________________________
Direct Phone: __________________________ Cell: __________________________

Additional representatives from your business that you’d like to receive Chamber communications:

Name: __________________________ E-mail: __________________________ Phone: __________________________
Name: __________________________ E-mail: __________________________ Phone: __________________________
Name: __________________________ E-mail: __________________________ Phone: __________________________

Additional names may be added at anytime

Number of employees (include ALL owners, partners and managers): Full-time: ____________ Part-time: ____________

Directory/Category Listing(s):
First category listing is free and all additional listings are $35/each for the year. Click here for a list of categories.

Are you a non-profit (501c3) ☐ Yes
Business owned by an attendee of: ☐ Cal Poly and/or ☐ Cuesta College

Description of your business activities (will be used to refer customers to your business): up to 100 words

Annual Dues $__________ Initiation Fee $__________ Enclosed is $__________

Referred by a Chamber member? Tell us who: __________________________________________

*information provided in red will be made available to the public.
I understand that all membership decals and plaques remain the property of the San Luis Obispo Chamber of Commerce and represent the current status of a member, they must be removed and returned if membership ends.

Signature __________________________
Date __________________________

The Chamber service or program that most influenced my decision to join was _____________________
________________________________________________________________________________________
________________________________________________________________________________________
Date: _____ Staff Initials: _____

CREDIT CARD AUTHORIZATION FORM

Cardholder Name:
________________________________________________________________________________________

Cardholder Address: (as it appears on your credit card statement)
________________________________________________________________________________________

Cardholder Phone:
________________________________________________________________________________________

Credit Card Type:     American Express   MasterCard   Visa

Credit Card Number:  ______________________________________________________________________

Expiration Date: _________________ CID Number_________ Amount to be charged: $ __________

Cardholder’s Signature: ____________________________________  Date: ___________________

If you would like a receipt emailed to you, please list your email address here:_____________________________________________________

Participating credit card companies are now requiring a billing address and phone number for FRAUD PREVENTION. All information MUST be provided. Thank you for your cooperation!
If using your credit card for payment, please return this Authorization Form by mail to:

San Luis Obispo Chamber of Commerce
Attn: Membership Department
895 Monterey Street
San Luis Obispo, CA 93401-3222
Or by Fax to: (805) 543-1255