



Our Mission

Encourage and promote a positive, balanced, vital economy and preserve those unique qualities that are good for business and make Glendora a very special place in which to live and work.

For Internal Use Only:

Cash Check/Number: _____ CC/ Type: _____

Exp. Date: _____ Street Add: _____ Zip: _____

Number: _____

Glendora Chamber of Commerce



131 East Foothill Boulevard

Glendora, California 91741

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info@glendora-chamber.org

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Glendora Chamber of Commerce

Membership Application

I/We hereby apply for Membership in the Glendora Chamber of Commerce and agree to a Fair Share Investment, which I/We will renew voluntarily each year. I understand my Membership is transferable in the event my firm should be sold within the first six (6) months. **I also understand a Business License is required to do business in the City of Glendora and I have attached a copy of my Business License to this Application.**

Company: _____

Phone: _____ Alternate: _____

Fax: _____ I Consent to Fax: _____

Web Site: _____

Email Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Street Address (If Different): _____

City: _____ Zip Code: _____

Primary Representative: _____

Secondary Representative: _____

Business Classification (As listed in Yellow Pages): _____

Describe your Service or Products: _____

Fair Share Investment Rate Schedule

Membership dues are deductible as an ordinary and necessary business expense for Federal Tax purposes.

| NUMBER OF FTE* | ANNUAL DUES |
|---|-------------|
| 1 - 5..... | \$224.00 |
| 6 - 15..... | \$250.00 |
| 16 - 35..... | \$303.00 |
| 36 - 65..... | \$396.00 |
| 66 - 100..... | \$488.00 |
| 101 - 250..... | \$607.00 |
| 251 - 500..... | \$765.00 |
| 500 Or More..... | \$990.00 |
| INDIVIDUAL/NON-BUSINESS..... | \$66.00 |
| HBB (Home Based)..... | \$132.00 |
| NON-PROFIT/CHURCH..... | \$132.00 |
| (Does not include Financial Institutions) | |

Number of Employees: _____

Membership: BUSINESS INDIVIDUAL (non-business)
NON-PROFIT HOME BASED

Dues: \$ _____ + \$25.00 Enrollment Fee

Total Fair Share Investment: \$ _____

Authorizing Signature *Date*
 I hereby give authorization for my photo to be printed in business related publications.

* FTE = Number of full-time employees, including working owners and management; every (2) part-time equals (1) full-time.