



# MEMBERSHIP APPLICATION

Please fill out and remit to a Chamber representative.  
Feel free to contact the Chamber at  
(801) 466-3377 with any questions.

Business Name:
Primary Contact:
Title:
Address:
City / State / ZIP
Phone:
Email:
Website:
Business Category:
<input type="checkbox"/> \$165 (1-11 employees) <input type="checkbox"/> \$300 (12-50 employees) <input type="checkbox"/> \$385 (51+ employees)
Billing Address:
City / State / ZIP
Billing Phone:

I hereby apply for membership with the South Salt Lake Chamber of Commerce.

I agree that my Annual Investment Dues will be \$\_\_\_\_\_, payable on an annual basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secured by: \_\_\_\_\_ Date: \_\_\_\_\_

Want easy payment at events and luncheons? Please enter a credit card for future payments.

Credit Card Number:
Expiration: ____ / ____ / ____    CCV: ____
Signature: