



P.O. Box 53 Mc Cleary, WA 98557
360-495-3667
www.mcclearychamber.com

2015 Member Application/Renewal Form

Business /Organization: _____

Contact Person: _____

Business Street Address: _____

Mailing Address: _____

City: _____ St WA Zip Code: _____

Business Phone(s): _____ Fax Number : _____

Email Address: _____

Website: _____ # of Employees _____

Business Category: _____

Description of Services: _____

Most of our correspondence is done via email. If you prefer to receive information in a different manner please let us know.

Dues Enclosed: 1-10 Employees \$50.00 11 or More Employees \$75.00

Please make checks payable to: The Mc Cleary Chamber of Commerce
(Need an invoice or receipt please circle) Yes No
Mail with payment to: P.O. Box 53 Mc Cleary, WA 98557
Thank you for your support!

For Chamber Use Only:

Date Received _____ Amount: _____ Check # _____ Invoice Sent _____
Email/Mailing List Updated _____ Website Updated _____ Certificate Made/Given _____