



**North Beach Chamber of Commerce
Membership Application**

Name _____

Title _____

Company _____

Address _____

City, State, Zip _____

Telephone/Fax _____

Email _____

Website _____

Type of Business _____

Membership Dues:	1 Year	2 Years
<input type="checkbox"/> Corporate Membership	\$ 500 to \$1,000	-----
<input type="checkbox"/> Regular (Space over 1500 sq. ft)	\$ 200	\$350
<input type="checkbox"/> Regular/Professional (Space less than 1500 sq. ft)	\$ 120	\$200
<input type="checkbox"/> Large Non-Profit	\$ 150	\$250
<input type="checkbox"/> <i>Small</i> Non-Profit/ Individual (Non-Business)	\$ 80	\$130

Signature _____

Date _____

Please return this application along with a check payable to
North Beach Chamber of Commerce and mail to:

North Beach Chamber of Commerce, P.O. Box 330187, San Francisco, CA 94133
Ph: 415-989-2220 E-mail: northbeachchamber@gmail.com www.northbeachchamber.com