

2019 Membership Form

Please return by: 01/31/2019



Business Size (check one):	Dues Fee:
_____ Non-profit Organizations	\$ 40.00
_____ 1 thru 2 employees	\$ 40.00
_____ 3 thru 9 employees	\$ 75.00
_____ 10 thru 19 employees	\$175.00
_____ 20 thru 39 employees	\$225.00
_____ Over 40 employees	\$325.00
_____ I am including an additional	\$_____ donation toward youth programs & activities
Total Amount Enclosed:	\$_____

Organization/Business Name: _____

Membership contact person: _____

Physical address: _____

Mailing address: _____

Phone#: _____ E-Mail: _____

Web Address: _____

Type of business: _____

Get the most out of your membership - Join us for our monthly membership & networking meetings on the 3rd Tuesday of each month from 12 - 1 pm
at the Port of Kalama: 110 W. Marine Drive

THANK YOU FOR JOINING KALAMA CHAMBER THIS YEAR!

Contact us at: kalamachamber@outlook.com or 360.673.6299
Follow us on Facebook for event updates! www.facebook.com/kalamachamber

Please remit dues & completed form to:

**Kalama Chamber of Commerce
PO Box 824
Kalama, WA. 98625**