



399 El Camino Real, Tustin, CA 92780
 TEL. (714) 544-5341 FAX (714) 544-2083
 www.tustinchamber.org
 information@tustinchamber.org

**INVEST IN YOUR BUSINESS BY
 JOINING THE TUSTIN CHAMBER
 OF COMMERCE**



Membership in the Tustin Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Fees paid to the Tustin Chamber are not a charitable tax deduction for Federal income tax purposes.

Federal Tax I.D. #95-1994362

HOW WILL YOU PARTICIPATE?
(Please check all applicable boxes)

- Advertising Opportunities
- Chamber Events
- Committee Involvement
- Community Involvement
- Council Involvement
- Leadership Development
- Member Discount Program(s)
- Networking Opportunities
- Sponsorship Opportunities
- Pillar Sponsor

Your Chamber Staff:

Office Staff _____

*FTE = "Fulltime Equivalents" or 40 hours per week. To calculate, add the total number of hours scheduled to be worked during a given work week by all employees, including the owner, then divide by 40. The result is your FTE. Minimum FTE is one (1).

MEMBERSHIP APPLICATION

(Please Print Clearly)

Date _____ No. of Full-time Equivalents*: _____
 (See Explanation Below)

Company Name _____

Primary Contact Person _____

Position/Title _____

Address _____

City/State/Zip Code _____

Mailing Address (If Different) _____

Phone _____ Fax _____

E-Mail _____

Website http://www. _____

Business Classification *(Select from List)* _____

Area of Specialization *(Select from List)* _____

Additional Information _____

MEMBERSHIP INVESTMENT

ANNUAL INVESTMENT
 (Effective 7/1/07)

Business Membership
 (Based on *FTE)

No. of Employees	Investment
1-4	336.00
5-9	387.00
10-24	466.00
25-49	550.00
50-74	623.00
75-99	867.00
100-149	1023.00
150-249	1338.00
250-499	1725.00
500-Up	2046.00

Utility Company 752.00

501(c) Nonprofit 180.00

Civic Member 47.00

Processing Fee 50.00
 (One Time)

YOUR INVESTMENT

Annual Investment \$ _____

Processing Fee (One Time) \$ 50.00

Voluntary Technology Fund *(Optional)* \$ 100.00

TOTAL \$ _____

METHOD OF PAYMENT

- Cash Check
- Visa Mastercard

Card # _____

Expiration Date _____

Name on Card _____

Signature _____

***Please make checks payable to
 Tustin Chamber of Commerce***