



**DISTRICT CHAMBER OF COMMERCE**  
 220 N. Jefferson Street, P.O. Box 159, Dixon, CA 95620  
 Phone:(707)-678-2650 Fax:(707) 678-3654

## Membership Registration Form

Complete the information below, detach and return check or VISA/MasterCard information for annual membership payable and mailed to:  
 Dixon Chamber, P.O. Box 159, Dixon, CA, 95620  
**(Membership dues are a tax deductible business expense.)**

Business Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Business Keywords: \_\_\_\_\_

Number of Employees (*two part-time employees' equal one full-time*) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
 Membership Level Total Due

\_\_\_\_\_ Today's Date  
 Authorized Signature

\_\_\_\_\_ Expiration Date  
 Visa/MasterCard (*please circle one*)

<b>For Office Use Only</b>
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<b>Authorizing Agent</b>	<b>Date</b>	<b>Code/Chg</b>