



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 & Business Address: (if different from physical business address)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Describe type of business _____

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

_____ \$ _____
 Membership Level Total Due

_____ _____
 Authorized Signature Today's Date

_____ _____
 Visa/MasterCard (*please circle one*) Expiration Date

For Office Use Only

Authorizing Agent	Date	Code/Chg
Online Directory	Newcomers Supplies	Ribbon Cutting