



**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

<b>For Office Use Only</b>
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<b>Authorizing Agent</b>	<b>Date</b>	<b>Code/Chg</b>
<b>Online Directory</b>	<b>Newcomers Supplies</b>	<b>Ribbon Cutting</b>