



DISTRICT CHAMBER OF COMMERCE
220 N. Jefferson Street, P.O. Box 159,
Dixon, CA 95620 Phone : (707) 678-2650
Email: info@dixonchamber.org

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: _____

Business Address:

City: _____ **State:** _____ **Zip:** _____

Mailing Address: (if different from physical business address)

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Cell Phone** _____

Email: _____

Website: _____

Facebook _____

Describe type of business _____

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

Membership Level _____ **Total Due** _____

Authorized Signature _____

Date _____ **Payment Type** _____

Credit Card# _____

Expiration _____ **Security Code** _____ (or call with the information)

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For office use only
Agent _____ **Date** _____

Orientation _____ **Ribbon Cutting** _____