

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

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## Membership Registration Form

Complete the information below, detach and return check or  info rmation  
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:**

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

**Mailing Address: (if different from physical business address)**

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**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** \_\_\_\_\_