



Membership Application

Applicant Information

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Organization Information

Name: _____

Owner: _____

Mailing Address: _____

Billing Address: _____

Website: _____

Business Description:

Business Category – (i.e. Coffee House, Accountant, Insurance, etc.)

Billing Representative

Name: _____

Address: _____

Phone: _____

Email: _____

Social Media

Facebook: _____

Instagram: _____

LinkedIn: _____

Membership Options

Circle the membership option you are interested in:

Solopreneur (\$195)

Non-Profit Level (\$330)

Classic Membership (\$495)

Gold Level (\$1,500)

Ruby Level (\$3,000)

Diamond Level (\$6,000)

Platinum Level (\$10,000)

Please submit payment of membership via check to:

34 Plaza Square, Orange, CA 92866

Acknowledgement

Thank you for your interest in being a member of the Orange Chamber of Commerce! Our mission is to serve our members and strengthen the economy of the City of Orange by representing businesses, promoting the community, and facilitating connections.

To acknowledge that you have filled out this application to the best of your ability and would like to join the Orange Chamber of Commerce as a member, please sign below.

Signature: _____ Date: _____