



Office Use Only	
Join Date	_____
Member ID#	_____
Business Code (1)	_____
Business Code (2)	_____
Business Code (3)	_____
NCCI Code	_____

MEMBERSHIP APPLICATION

Firm Name _____ No. of Employees _____

Designated Representative _____ Title _____

Street Address _____ Ste _____ City _____ State _____ Zip _____

Web Address _____ Email Address _____

Business Phone _____ Ext. _____ Contact Phone _____ Fax _____

Additional Email Addresses _____

Primary Business Classification (1) _____ (2) _____

(3) _____ Additional Classifications at \$25.00 each per year:

(4) _____, (5) _____

Item	Qty/Level	Ad Size	Start Date	Renewal Date	Total
Membership Dues					
Associate Membership					
Membership Database					
Sponsorship Level					
Banner Ad					
Sin City Vision Ad					
Email Blast Ad					
Sin City Guide Ad					
Printed Event Banner					
Other:					
Total =					
One Time Admin Fee					\$ 50.00
Grand Total=					

Method of Payment: Cash _____ Check # _____

Credit Card Type: Visa MC Other: _____ Exp.Date _____ CVC# _____

Credit Card Number _____

Name on Card _____

Address Billed to: _____ Zip Billed to: _____



By signing you agree to the terms and provisions of the Membership Accord and the information contained within the Sin City Chamber of Commerce Membership Handbook. When utilizing a credit card, signing below authorizes the Sin City Chamber of Commerce to remit payment for processing.

Authorized Applicant Signature

Date: ___/___/___



Phone : (702) 450-7222
Fax: (702) 453-7227

Sin City Chamber Representative

Date: ___/___/___