



Central Valley Sikh Chamber of Commerce

PO Box 1021, French Camp CA 95231

Phone: 209-992-1052 Fax: 270-812-5550

E-mail: info@cvsikhchamber.com www.cvsikhchamber.com

MEMBER INFORMATION:

Name: _____ Title: _____
First Last

Is this your: Home Address [] Business Address []

Address: _____ Business Phone: () _____ - _____
City: _____ Cell: () _____ - _____
State: _____ Zip Code: _____ Fax: () _____ - _____
Website: _____ E-Mail: _____

BUSINESS SECTOR:

- | | | |
|------------------------------------|---------------------------------|-------------------------------|
| 01 [] Accounting | 10 [] Government | 19 [] Marketing/ Advertising |
| 02 [] Agriculture/ Fisheries | 11 [] Health Professions | 20 [] Media |
| 03 [] Banking | 12 [] Hospitality/ Foodservice | 21 [] Real Estate |
| 04 [] Business/ Personal Services | 13 [] Import/ Export | 22 [] Retail/ Wholesale |
| 05 [] Construction | 14 [] Information Technology | 23 [] Social Services |
| 06 [] Education | 15 [] Insurance | 24 [] Telecommunications |
| 07 [] Engineering/ Architecture | 16 [] Investment Services | 25 [] Transportation |
| 08 [] Entertainment/ Arts | 17 [] Law | 26 [] Utilities / Oil & Gas |
| 09 [] Environment | 18 [] Manufacturing | 27 [] Other _____ |

MEMEBRSHIP FEES:

- \$40.00 - Individual/Student Membership (no business name attached)
- \$150.00 - Club/Organization, School, Churche (Non-Profits).
- \$150.00 - Government Agency
- \$155.00 - Small Business (1 - 5 employees)
- \$255.00 - Small Business (5 - 15 employees)
- \$345.00 - Medium Business (15 - 40 employees)
- \$500.00 - Large Corporate Business (40 plus employees)

Payment Method:

CHECK <input type="checkbox"/>	<i>Please Make Check Payable to: Central Valley Sikh Chamber Of Commerce (CVSCC)</i>
CASH <input type="checkbox"/>	Name on card: _____
VISA <input type="checkbox"/>	Card Number: _____ - _____ - _____
MC <input type="checkbox"/>	Valid Thru: _____ Amount: \$ _____
AMEX <input type="checkbox"/>	Signature: X _____

Referred By: _____

Applicant Signature : X _____ Date: ____ / ____ / ____

For Office Use Only:

Membership # _____	Received Amount: \$ _____	Date: ____ / ____ / ____
Office File # _____	Received by: _____	