



WALLA WALLA VALLEY
CHAMBER OF COMMERCE

STANDARD MEMBERSHIP APPLICATION

Date: _____

Business Name: _____ Phone No. _____

Contact Name: _____ Fax No. _____

Billing Address: _____
State Zip

Mailing Address: _____
State Zip

E-Mail Address: _____ Cell Phone: _____

Type of Business: _____

Business License #: _____

Business Description: _____

STANDARD MEMBERSHIP - \$380 per year or \$95.00 per quarter

Company Name

Signature

Walla Walla Valley Plan Center
29 E. Sumach ~ Walla Walla, WA 99362
Phone: 509-525-0850 ~ Fax: 509-522-2038
Email: mmiller@wwwchamber.com