



**WALLA WALLA VALLEY  
CHAMBER OF COMMERCE**

**VIRTUAL 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: \_\_\_\_\_

**VIRTUAL MEMBERSHIP - \$900 per year or \$225.00 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@wvchamber.com](mailto:mmiller@wvchamber.com)

Please provide the following employees names and passwords.

The user name is the first initial of your first name plus your last name.

Please print clearly.

1) _____ First Name	_____ Last Name	_____ Password
2) _____ First Name	_____ Last Name	_____ Password
3) _____ First Name	_____ Last Name	_____ Password
4) _____ First Name	_____ Last Name	_____ Password
5) _____ First Name	_____ Last Name	_____ Password
6) _____ First Name	_____ Last Name	_____ Password
7) _____ First Name	_____ Last Name	_____ Password
8) _____ First Name	_____ Last Name	_____ Password

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