



Calipatria Chamber of Commerce
Business Membership Application

150 North Park Avenue, Calipatria CA 92233

Adopted XX/XX/2024

The goal of the Calipatria Chamber's Business Membership Program is to develop and strengthen the economic state of business and commerce within our community.



Calipatria Chamber of Commerce

Business Membership Application

SECTION I: Member Information

Company Name: _____

Phone Number: _____

Email: _____

Website: _____

of Employees: _____

Physical Address:

Address Line 1: _____

Address Line 2: _____

County: _____ **City:** _____

State: _____ **Postal Code:** _____

Mailing Address:

Mailing Address: _____

Country: _____ **City:** _____

State: _____ **Postal Code:** _____

Same as Physical Address



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SECTION II: Businesses Social Media Address(es)

Facebook: _____

Instagram: _____

Snapchat: _____

LinkedIn: _____

Other: _____

Additional Information:

Business Description:

Business Keyword(s):



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SECTION III: Business Primary Contact Information

First Name: _____ **Last Name:** _____

Phone Number: _____ **Email:** _____

Contact Preference (circle one): Phone or Email

Business Membership Tiers:

Silver - \$200 Annually*

- Certificate of Membership
- Ribbon Cutting/Grand Opening Ceremony
- Complimentary Usage of Chamber Boardroom
- Advocacy on Local Business-Related Issues
- Access to Training and Seminars (Small Business Development Center)
- Once-a-month Chamber Social Media Posts (highlighting business)
- Business-of-the-Year Award Nomination Eligibility

Gold - \$300 Annually*

- All of the Above from Silver
- Business Referrals
- Twice-a-month Chamber Social Media Posts (highlighting business)
- Logo on Chamber Website

Platinum - \$500 Annually*

- All above from Silver
- Weekly Member Monday Spotlight (business highlight each Monday)

****Membership is based on our fiscal calendar, from July to July, ending July 2025.***



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Select Tier for Purchase:

Silver (\$200):

Gold (\$300):

Platinum (\$500):

Form of Payment: _____

Executed On: ____/____/____

Executed By:

Business Owner: x _____

Chamber President: x _____

Chamber Secretary: x _____