

# Inyokern Chamber of Commerce

## Membership Application 2019

Mail this completed page to:  
Inyokern Chamber of Commerce  
PO Box 232  
Inyokern CA 93527

Or go to [inyokern.net/join-the-chamber/](http://inyokern.net/join-the-chamber/)

Member Annual Rates 2019:

Individual/Family: \$30

Senior: \$25

Non-Profit Organization: \$30

Business: \$40

"Badge" Premium Add-On: \$50

Memberships are valid for one year from time of registration.

(Please print clearly)

Contact Name: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Date: \_\_\_\_\_

(Please put what information you would like to have on [inyokern.net](http://inyokern.net). Email us if not enough space or if you'd like to show images. Please indicate if you would like to be mentioned on [inyokern.net](http://inyokern.net).)

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Payable to: Inyokern Chamber of Commerce

Thank you for your support!

For comments or questions, please email:

[evandcarroll@gmail.com](mailto:evandcarroll@gmail.com)

[inyokern.net](http://inyokern.net)

Office Use Only:
Date: _____
Membership Type: _____
Amount Received: _____
Received By: _____