



Rio Vista Chamber of Commerce

Return to: 37 N. 2nd Street, Rio Vista, CA 94571
 Telephone: (707) 374-2700 * Fax: (707) 374-2424
info@riovista.org * www.riovista.org

Business Name: _____ Bus Contact: _____

Business Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone: (_____) _____ Extension _____ *Fax: (_____) _____

*E-mail: _____ Website: _____

**** The Rio Vista Chamber does not sell or give out email addresses or fax numbers unless a signed statement is on file.
 The Chamber has my permission to publish or distribute my email and /or fax number.**

Business Information:

Number of Employees: _____

Type of Business: _____

Investment: \$ _____ Processing Fee: \$ _____ Total Investment: \$ _____

Payment Method: Visa MasterCard Cash Check # _____

Dues Schedule:

Membership Dues Fee Structure
*(Memberships from 1/1/15 to 12/31/15)
 (prorated at join date for new members)*

\$20 Processing Fee - New Members Only

Number of Employees	Investment
1 – 3 (including owner)	\$ 140
4 – 8	\$ 210
9 – 14	\$ 275
15 – plus	\$ 385

Associate Membership** \$ 75

In Home Based Business \$ 75
*Zero Employees
 (special offer for 2015)*

Non-Profit Membership \$100

Commercial Developers \$ 500

*** Corporate Sponsorships Available.**

**** Associate Membership is comprised of an individual citizen interested in chamber activities, but not representing a business.**

Your Interests:

Hold a Board Position Hold A Committee Chair Position
 Economic Development Bass Derby/Festival Event
 Business Education Membership Development/Ambassadors
 Business Networking Publicity/Marketing Opportunities
 Office Assistance Host a Chamber Mixer

I am joining the Rio Vista Chamber because:

If I am confirmed for membership with the Rio Vista Chamber of Commerce, I agree to support the mission and the vision of the chamber.

Signature: _____ Date: _____

For office use only	Date Received _____	Board Report _____	Groundbreaking _____	Listed on Web _____
	Plaque Issued _____	Ribbon Cutting _____	Welcome Letter _____	Orientation _____
	Sponsor _____			Web Notice _____
	City Business License #: _____	Office Sales Rep. Name _____		