



CHAMBER OF  
COMMERCE

**WELCOME** to the San Jose Silicon Valley Chamber of Commerce. Your business is an important part of our community, and we are pleased to be able to offer you some outstanding benefits, just for joining. If you have any questions or areas of interest that you would like to discuss with us, please feel free to call, email or write to the addresses below. After filling out this application, simply fax or mail it to:

**310 South First Street, San Jose, CA 95113**  
**ph: 408/291-5250 • fax: 408/286-5019**  
**www.sjchamber.com**

**The San Jose Silicon Valley  
Chamber of Commerce**

- Saves You Money
- Markets Your Business
- Builds Your Community
- Fights Your Battles

**NOTE:** Your membership includes one free alphabetical membership listing and business or individual classification listing in our annual Business Directory and Buyer's Guide published during the first quarter of each year. Subscription price for the *Chamber Advocate* newspaper is \$6 per year and is included in your membership investment. **Payment of membership investment is deductible as an ordinary and necessary business expense. It is not deductible as a charitable contribution.** Contact your financial advisor for details.

**FOR CHAMBER OFFICE USE ONLY:**

Memberships \_\_\_\_\_ \$ \_\_\_\_\_

- Public Benefit       Business
- Individual             Gold

Chamber Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**MEMBERSHIP APPLICATION**

Company Name: \_\_\_\_\_

**1.** Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Category: \_\_\_\_\_

Key Search Words: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (for Chamber Communications Only): \_\_\_\_\_

**2.** Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

**3.** Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Website: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Signature: \_\_\_\_\_

**DISCOUNT PROGRAMS:**

Please contact us regarding these free discount programs:  FEDEX  STAPLES

**CHARGE CARD AUTHORIZATION**

Date \_\_\_\_\_ Type of card:  VISA  MASTERCARD  AMERICAN

EXPRESS \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_