



Membership Application

Name: _____

Email: _____

Phone: _____

Business / Organization Name:

Business Address:

Membership Savings *(Limited-Time Offer)*

Join now and save 20% off all Triennial (3-Year) memberships and \$20 off all Annual memberships through March 31, 2026.

Governmental Agency

- ☐ Annual — **\$330** (regular \$350)
- ☐ Triennial (3-Year) — **\$840** (20% off regular \$1,050)

Non-Profit

- ☐ Annual — **\$80** (regular \$100)
- ☐ Triennial (3-Year) — **\$240** (20% off regular \$300)

Individual

- ☐ Annual — **\$105** (regular \$125)
- ☐ Triennial (3-Year) — **\$300** (20% off regular \$375)

Small Business (1–9 Employees)

- ☐ Annual — **\$180** (regular \$200)
- ☐ Triennial (3-Year) — **\$480** (20% off regular \$600)

Large Business (10–20 Employees)

- ☐ Annual — **\$330** (regular \$350)
- ☐ Triennial (3-Year) — **\$840** (20% off regular \$1,050)

Developer (25+ Employees)

- ☐ Annual — **\$980** (regular \$1,000)
- ☐ Triennial (3-Year) — **\$2,400** (20% off regular \$3,000)

Additional Required Documentation

To complete your membership application, please provide the following:

- **Business Logo**
- **Copy of Business License**

Documents may be submitted in one of the following ways:

- ☐ Attached with this application
- ☐ Emailed to **info@thebanningchamber.org**

Membership applications will not be considered complete until the required documentation has been received.

Payment Method (*check one*)

- ☐ Cash
- ☐ Check

Please remit checks payable to **Banning Chamber of Commerce**

Mail to: **60 E. Ramsey St., Ste. C, Banning, CA 92220**

- ☐ Credit / Debit Card

If paying by **Credit or Debit Card**, please complete the information below **or** submit payment through the online application at **www.thebanningchamber.org/membership**

Cardholder Name: _____

Card Type (Visa, MasterCard, Discover, AmEx): _____

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____

Billing Zip Code: _____

Authorized Amount: \$_____

Cardholder Signature: _____

Date: _____

Acknowledgment

☐ I grant permission to the Banning Chamber of Commerce to use photographs, video recordings, and/or other media that may include my business, employees, or representatives for promotional, marketing, and informational purposes. This includes, but is not limited to, use on the Chamber's website, social media platforms, newsletters, and other publications.

☐ I acknowledge that membership in the Banning Chamber of Commerce may be **denied or revoked** at any time for reasons including, but not limited to, violations of

Chamber policies, ethical standards, or conduct deemed detrimental to the Chamber.
Membership dues are non-refundable.

By signing below, I confirm that the information provided in this application is accurate to the best of my knowledge and acknowledge my participation as a member of the Banning Chamber of Commerce, in accordance with its membership guidelines.

Signature: _____

Date: _____

Thank you for joining the Banning Chamber of Commerce.

We look forward to welcoming you as a member and supporting your continued growth and success in our community.

