



# White Pine Chamber of Commerce

Visit us at:  
636 Aultman Street  
Ely, Nevada 89301  
[www.whitepinechamber.com](http://www.whitepinechamber.com)

For Questions and Info:  
Phone and Email  
775-289-8877  
[WPCC@WhitePineChamber.com](mailto:WPCC@WhitePineChamber.com)

## Membership Application Form (Please Print)

Please indicate your membership level:

- |                                                    |                          |                          |
|----------------------------------------------------|--------------------------|--------------------------|
| Individual/Professional                            | <input type="checkbox"/> | \$ 75                    |
| Non-Profit/Fraternal                               | <input type="checkbox"/> | \$100                    |
| Home Occupation                                    | <input type="checkbox"/> | \$100                    |
| Mobile Business (i.e. Food Trucks, Mobile Washing) | <input type="checkbox"/> | \$150                    |
| Beauty Shops, Barber Shops, Hair Salons            | <input type="checkbox"/> | \$200                    |
| Small Business (2 to 5 employees)                  | <input type="checkbox"/> | \$225                    |
| Medium Business (6 to 50 employees)                | <input type="checkbox"/> | \$275 + \$5 per employee |
| Large Business (51 to 100 employees)               | <input type="checkbox"/> | \$350 + \$5 per employee |
| Corporation (100 + employees)                      | <input type="checkbox"/> | \$450 + \$5 per employee |
- (Capped at \$5,000)

Payment Schedule Option (Please circle 1)

Annual

Semi-Annual

Quarterly

Monthly

**(Required)**

Business Name: \_\_\_\_\_

Owner(S): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Average Number of Employees: \_\_\_\_\_ Business Days & Hours: \_\_\_\_\_

**(Optional)**

Please give a brief history of your business (i.e., date started, reason for starting, location, owner's background.)

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Please describe what products and/or services your business offers:

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Are there any specialty services offered? (Please check all that apply)

\_\_\_\_ Propane    \_\_\_\_ RV Dump    \_\_\_\_ Diesel Fuel    \_\_\_\_ Senior Discounts    \_\_\_\_ Handicap Access  
\_\_\_\_ Family Specials/Activities    \_\_\_\_ Smoking/Non-Smoking Facilities    \_\_\_\_ Tourist Specials/Packages  
\_\_\_\_ Other: \_\_\_\_\_

Besides your products and/or services, what can your business contribute to the community?

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What do you want to gain from your Chamber Membership?

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Are you interested in serving on the Chamber Board of Directors in the future?     Yes     No

Please list your experience:

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Please enclose your business cards and/or brochures for placement in the Chamber office.

**(Required)**

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

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