



White Pine Chamber of Commerce

636 Aultman Street
Ely, Nevada 89301

www.whitepinechamber.com

Phone: 775-289-8877

Fax: 775-289-6144

elycc@whitepinechamber.com

Invitation to join the White Pine Chamber of Commerce

We would like to extend an invitation to your organization/business to become a member of our Chamber of Commerce. Our Chamber has a long standing tradition of fellowship and interaction with its business community throughout our service area.

Our Chamber offers experienced business people for networking: provides exposure of your business to interested parties, our Chamber also provides a distribution center for your business's promotional materials and the opportunity to announce special events on the full page "Chamber Page" in our local newspaper. As a member you will help promote business stability in the community through the Chamber Bucks program and you will have access to networking opportunities.

Members of the Chamber of Commerce live and work in a long established and family focused community. We interact both socially and professionally with our friends and neighbors and are excited to have you join our Chamber family.

We are available to answer any questions you have and look forward to a long and mutually beneficial relationship in the future.

Please take this opportunity to become a valuable member of the Chamber of Commerce.

Sincerely,

Board and Staff
White Pine Chamber of Commerce



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BASIC MEMBERSHIP BENEFITS

Chamber Membership Respectability from Outside Areas

Your Business Referred to Potential Customers

Your Business Displayed on the Chamber of Commerce Office Wall

Your Business or Name Listed on
The White Pine Chamber of Commerce Website

A Proud Member of White Pine Chamber of Commerce® Decal to be
displayed at your place of business

Your Events Listed on All Calendars

The Chamber of Commerce Office will assist you, if requested, on selling
tickets or raffle tickets for your Events

NOTE: THE CHAMBER OFFICE RECEIVES TELEPHONE CALLS FROM OUTSIDE OUR AREA REQUESTING CHAMBER MEMBERS **FIRST** FOR ANY TYPE OF BUSINESS AND/OR TRAVEL THEY WANT/NEED TO DO IN WHITE PINE COUNTY.

**THIS IS YOUR CHAMBER OF COMMERCE.
WE WORK TOGETHER AS A TEAM.
WE ARE HERE TO HELP EACH OTHER.**



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Membership Application Form (Please Print)

Please indicate your membership level:

Individual/Professional	\$ 75	<input type="checkbox"/>
Non-Profit/Fraternal	\$ 75	<input type="checkbox"/>
Home Occupation	\$125	<input type="checkbox"/>
Small Business (up to 5 employees)	\$200	<input type="checkbox"/>
Medium Business (6 - 50 employees)	\$250 + \$5 per employee	<input type="checkbox"/>
Large Business (51 - 100 employees)	\$350 + \$5 per employee	<input type="checkbox"/>
Corporation (100 + employees)	\$450 + \$5 per employee	<input type="checkbox"/>

(Capped at \$2500)

Payment Schedule Option (Please check 1) Payments for memberships may be made with a service fee dependent up frequency of payment

Annual (0%) Semi-Annual (2%) Quarterly (3%) Monthly (5%)

(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, choice of location, owner's background, etc.)

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

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 Chamber of Commerce and Community?

What do you want to gain from your Chamber Membership?

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

Please list your experience:

(Required)

Please enclose your business card and/or brochure.

Amount Enclosed: _____

Signature: _____ Date: _____

The best means of providing information to me is:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Call | <input type="checkbox"/> Email/Website |
| <input type="checkbox"/> Drop Off | <input type="checkbox"/> Mail |