



MEMBERSHIP APPLICATION (please attach a copy of City of Avalon Business License)

I, the undersigned, hereby apply for membership in the Catalina Island Chamber of Commerce & Visitors Bureau.

I understand that dues, contributions or gifts to the Catalina Island Chamber of Commerce & Visitors Bureau are not tax deductible as charitable contributions. I also understand that they may be tax deductible as ordinary and necessary business expenses, and that I should seek the advice of a tax advisor regarding the deductibility of these contributions.

Name of Business _____

Mailing Address _____

Street Address _____

Phone No _____ FAX No _____

E-Mail Address _____

Web site: _____

No. of Employees/seats/units/passengers _____ Date of Establishment _____

Type of Business _____

Name of Owner _____ Name of Manager _____

Address, if different from above: _____ FEES ATTACHED:
Dues: \$ _____

Admin Fee: \$ 30.00

TOTAL: \$ _____

Signature _____

For Office Use Only:

- Accommodation Restaurant Transportation Bank/Utility Business Community
 Friend of Chamber

Accepted at a Board of Directors Meeting held on: _____

Account No. _____ Weblink Billing Welcome Letter

Yearly Dues: _____ Plaque Bus Lic Constant Contact

Date Received: _____ Web Listing & Image/Logo

Please submit completed form, along with payment & a copy of your business license, to Carmen Chavez, Membership Manager: cchavez@catalinachamber.com, or via fax to 310-510-7606.