

Chamber Dues Invoice

Contact Name: _____
Business Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

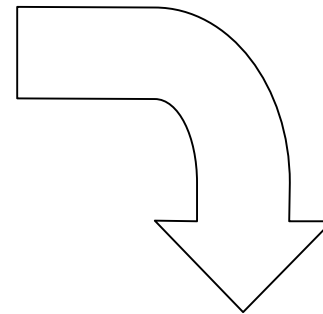
Invoice Date:

Dues Period Covered:

January – December

Please select the membership type that best describes your business and transfer the corresponding dues amount to the box below.

✓	Membership Type:	Amount:
	Youth	45.00
	Individual/Non-Profit <small>Includes churches</small>	60.00
	Retail/Service (# of Employees)	
	1 to 3	100.00
	4 to 6	125.00
	7 to 10	150.00
	11 to 15	175.00
	16 to 20	200.00
	Educational	225.00
	Hotel/Motel	245.00
	Financial Institution	375.00
	Major Employer (20+)	375.00
	Government	375.00
Amount due:		<input style="width: 100px; height: 20px;" type="text"/>



Please remit payment to:

Dayton Chamber of Commerce
 166 E Main Street
 Dayton, WA 99328

Thank You for supporting the Dayton Chamber of Commerce