



CHAIRMAN'S CIRCLE AND MEMBERSHIP APPLICATION

The undersigned firm or individual requests application for membership in South Orange County Economic Coalition and agrees to adhere to all bylaws, policies and procedures adopted by the Board of Directors. The applicant and the South Orange County Economic Coalition agree that this membership is for a twelve month period renewable annually until canceled in writing. Membership fees are non-refundable.

COMPANY NAME _____ DATE _____

ADDRESS _____ NO. OF EMPLOYEES _____

CITY/STATE/ZIP _____

COMPANY PHONE _____ COMPANY FAX _____

COMPANY E-MAIL (TO BE PUBLISHED, EX: INFO@) _____

WEBSITE _____ BUSINESS CATEGORY _____

PRIMARY CONTACT _____ TITLE _____

DIRECT PHONE _____ PERSONAL E-MAIL _____

MEMBERSHIP	CHAIRMAN CIRCLE INVESTMENT
-------------------	-----------------------------------

MEMBERSHIP _____

- | | |
|--|------------------------------------|
| <input type="checkbox"/> CHAMBER AFFILIATE | <input type="checkbox"/> AFFILIATE |
| <input type="checkbox"/> BRONZE | <input type="checkbox"/> SILVER |
| <input type="checkbox"/> GOLD | <input type="checkbox"/> PLATINUM |

INVESTMENT _____

(INCLUDES MEMBERSHIP AND ONE-TIME PROCESSING FEE)

PAC: I WOULD LIKE \$99 OF MY ANNUAL MEMBERSHIP DUES TO GO TO THE ECONPAC (ID #1351921)

Please note, the dues amount does not decrease when opting out. Contributions to ECONPAC are not deductible for income tax purposes as charitable contributions.

MEMBERSHIP PAYMENT ENCLOSED IS MY CHECK PLEASE CHARGE MY CREDIT CARD PAID ONLINE

CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD

NAME ON CARD: _____ CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____ 3-4 DIGIT CVV: _____

CREDIT CARD BILLING ADDRESS _____

PRINT NAME _____ SIGNATURE: _____