



Mattawa Area
..... MULTICULTURAL
Chamber of Commerce

Membership Application

Contact Person _____ Application Date _____

Business Name _____

Mailing/Billing Address _____

Physical Address _____

Telephone _____ Fax _____ Cell _____

E-mail: _____.

Category of Business _____

Number of Business Employees _____

Annual Membership Fee: \$65.00 _____ Public Agency: \$ 65.00 _____

No Business Affiliation: \$ 30.00 _____

Authorized Business Signature: _____

MAMCC President Signature: _____

Referred by: _____

Comments: _____

Make all checks payable to: Mattawa Area Multicultural Chamber of Commerce (MAMCC)
P O Box 1275 Mattawa, WA. 99349