



Point Roberts Chamber of Commerce & Visitors Bureau

Business Name _____

Street Address _____

Mailing Address _____

Phone _____ Fax _____

Website _____

Email _____

Nature of Business _____

Full Time Employees _____ Part Time _____

Committee Interest _____

Community Interest _____

Will you serve on a subcommittee for 4th of July and/or Socials _____

Comments, suggestions or projects you wish the Chamber to work on

Fee:
Membership **\$100**

Please return completed membership with check to:
Point Roberts Chamber, P.O. Box 128, Point Roberts, WA 98281

Once application has been processed a Receipt & Certificate will be issued