



**POINT ROBERTS CHAMBER OF COMMERCE
& VISITOR INFORMATION CENTER**

Membership Application

Date _____

Business Name _____

Street Address _____

Mailing Address _____

Phone _____

Website _____

Email _____

Nature of Business _____

Full Time Employees _____ Part Time _____

Committee Interest _____

Community Interest _____

Would you be interested to serve on a subcommittee for the 4th of July and/or Socials: Yes No

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

Membership Fee: \$50

Please return completed membership with check to:

Point Roberts Chamber of Commerce
P.O. Box 128
Point Roberts, WA 98281

Once your application has been processed, a receipt & certificate will be issued.