



**NOME CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION
PO Box 250 Nome AK 99762
907-443-3879**

Please complete the following application to renew or begin your Nome Chamber of Commerce Membership- Please Print Legible

Company/Organization/Church Name

Representative

Title

Business License #

of Full Time Employees

Mailing Address

City

State

Zip

Physical Address

Text _____

Company Phone

Company Fax

E-mail Address (Website & Directory listings will not provide email addresses)

Website Address

Business Description (Please be clear as this will be the description listed (25-50 words):

- Membership Type: _____ Business – for profit business in Nome or surrounding area
 _____ Associate – for profit business not operating in Nome or surrounding area
 _____ Supporting – nonprofit organization
 _____ Church
 _____ Affiliate Business – ½ Membership Fee of First Business (use additional sheet for additional business information please)

Business Class Membership

| | | | | | | | |
|----------------------------|------|-------|-------|-------|-------|--------|-------|
| Full Time Employees | 1 | 2-4 | 5-15 | 16-30 | 31-50 | 51-100 | 100 + |
| Membership Fee | \$75 | \$125 | \$150 | \$200 | \$300 | \$350 | \$400 |

Associate/Supporting Class Membership

| | | | | |
|----------------------------|------|-------|------|----------|
| Full Time Employees | 1-20 | 21-49 | 50 + | Churches |
| Membership Fee | 75 | 125 | 200 | 50 |

| | | | |
|---|--------------|------------|----------------|
| Payment Rec'd. _____ | Ck # _____ | Date _____ | |
| Chamber Card issued _____ | Card # _____ | Date _____ | Initials _____ |
| Web Listing Added _____ | | Date _____ | Initials _____ |
| Added to Mailing List/Chamber Directory _____ | | Date _____ | Initials _____ |

**Please mail to: Nome Chamber of Commerce, PO Box 250, Nome AK 99762 - OR -
Drop off at the Chamber Office – Post Office Building Front Street**