



**GREATER SEATTLE
CHINESE
CHAMBER OF COMMERCE**
西雅圖中華商會

P.O. Box 3182, Seattle, WA 98114
Telephone: 206-552-0818
Email: info@seattlechinesechamber.org
<http://seattlechinesechamber.org>

2021 Membership Application Form

- New
- Renewal
- Update Information

Membership Type (check one)

<input type="checkbox"/> Individual - one representative: <input type="checkbox"/> one calendar year: \$55; <input type="checkbox"/> two calendar years: \$100
<input type="checkbox"/> Business - two representatives: <input type="checkbox"/> one calendar year: \$100
<input type="checkbox"/> Corporate - four representatives: <input type="checkbox"/> one calendar year: \$500
<input type="checkbox"/> Overseas Business (foreign company): <input type="checkbox"/> one calendar year: \$500

Member Information

First Name: _____	Last Name: _____	
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Email: _____	
Email 2: _____	Email 3: _____	
Company Website: _____		

- Check here if you do not want your information to be displayed in the membership directory on the chamber's website
- Check here if you would like your application to be forwarded to the Seattle Metropolitan Chamber of Commerce for one year of reciprocal complementary membership. (Must have 15 employees or less, be a member in good standing with The Greater Seattle Chinese Chamber of Commerce, and must not have been a member of the Seattle Metropolitan Chamber of Commerce in the past 24 months.)

Nature of Business (check one)

<input type="checkbox"/> Government	<input type="checkbox"/> Finance	<input type="checkbox"/> NGO/Non profit	<input type="checkbox"/> Import/Export	<input type="checkbox"/> Accounting
<input type="checkbox"/> Insurance	<input type="checkbox"/> Technology	<input type="checkbox"/> Consulting	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Attorney	<input type="checkbox"/> Travel/Airline	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Grocery
<input type="checkbox"/> Medical Providers	<input type="checkbox"/> Media	<input type="checkbox"/> Other _____		

Method of Payment

Membership fee enclosed \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (paid on website)
*Membership is from January to December. If you are a first year new member, and if you join after July 1 st , a prorated 50% (half year) membership fee is applied. All renewals are for full calendar year. Applications are subject to review by the membership committee.
Signature _____ Date _____