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Send this completed form along with payment to:  
**Silver Lake Chamber of Commerce**  
**1724 West Silver Lake Drive, Los Angeles, CA 90026**

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(please check appropriate boxes and fill in all spaces)

**New Member Application**       **Current Member Renewal**

**Business/Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Web site** \_\_\_\_\_

**Contact Person(s)** \_\_\_\_\_

**Type of Business or Organization** \_\_\_\_\_

**Number of Employees** \_\_\_\_\_

**Years in Business** \_\_\_\_\_ **Years at this Location** \_\_\_\_\_

**Annual Membership Fee is based on either Non-Profit or Number of Employees.**  
**Membership is valid through April, 2009.**

- \$ 75 Non-Profit:**
- \$ 125 5 or Less Employees**
- \$ 200 6 or More Employees**

**Please include check made payable to: SLCC** Membership dues in the Silver Lake Chamber of Commerce may be tax deductible as an ordinary and necessary business expense.

**Signed** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

***Optional***

**I would like to offer a Member to Member Discount.** (Please describe a specific discount – i.e. 15% off merchandise) \_\_\_\_\_

**I would like to:**

**Serve on a Committee.** (Indicate Area of Interest) \_\_\_\_\_

**Serve as a District Representative/Officer** (Member Fee will be waived) \_\_\_\_\_

**What would you like from the Chamber this year?** \_\_\_\_\_

\_\_\_\_\_