



Chairman Circle Application

Business Information

Business Name: _____

Address: _____

Phone: _____

Email: _____

Choose Your Tier Level

Platinum Level \$10,000

Gold Level \$5,000

Silver Level \$3,000

Contact Information

Contact Title _____

First Name _____

Last Name _____

Street Address _____

City/State/Zip _____

Primary Phone _____

Email _____

Website _____

Payment Information

Cash Check*

*Please make check payable to:
Claremont Chamber of Commerce

Credit Card # _____

Exp _____ Zip Code _____

Signature _____

I grant permission for Claremont Chamber to use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

*Chairman's Circle memberships include your yearly membership.



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