



Chairman's Circle Application

Business Information

Business Name: _____ Contact: _____

Address: _____

Phone: _____

Email: _____

Choose Your Tier Level

Platinum \$10,000 Gold \$5,000 Silver \$3,000 Bronze \$1,500

**Chairman's Circle memberships include your yearly membership.*

Signature: _____

Date: _____

Name: _____

Company Name: _____

Please charge my credit card:

Cardholder Name: _____

Credit Card# _____

Exp. Date: _____

Signature _____

Please make check payable to the Claremont Chamber of Commerce

205 YALE AVENUE, CLAREMONT, CA 91711

(909) 624-1681 FAX (909) 624-6629 www.claremontchamber.org contact@claremontchamber.org

