

## MEMBERSHIP

# Application



### Member Information

New Member  Renewal

Full Name

Employer

Industry

Street Address

City

State

Zip

Work Phone

Personal Phone

Primary Email

Secondary Email

Twitter Handle

Referred by

Age Range:  21-25  26-30  31-35  36-40

I would like my information to be listed in a Metro EDGE membership directory (personal phone excluded).

### Application Submission

#### MAIL

Metro Chamber Foundation  
One Capitol Mall, Suite 300  
Sacramento, CA 95814

#### FAX

(916) 443-2672

#### HELP

(916) 319-4260

### Membership Dues

\$50 Student

School Name

\$85 Event Promo

Promo Event Name

\$100 Metro Chamber Member

\$100 Government / Non-Profit

\$125 Nonmember

### Voluntary Contribution

EDGE beneficiary: Next Move  
\$\_\_\_\_\_

### Payment Method

Enclosed is a check for \$\_\_\_\_\_ payable to **Metro Chamber Foundation**

Charge my credit card for \$\_\_\_\_\_

VISA  MC  AmEx  Discover

Credit Card Number

Expiration Date

Cardholder Name (print)

Credit Card Billing Address

City/State/Zip

*Join Sacramento's Best and Brightest Young Professionals*

**WWW.METRO-EDGE.ORG**