



Orick Chamber of Commerce
Membership Application

Please mark one of the following

Individual_____ \$20/yr **Couple**_____ \$30/yr **Business**_____ \$60/yr

Name:_____

Address:_____

City, St. Zip:_____

Phone:_____

Email:_____

Website:_____

Please indicate your areas of interest for our community and how you can be part of the solutions:

Please return your check to the Chamber at the address below or bring to the Annual Meeting

Orick Chamber of Commerce PO Box 234 Orick CA 95555
Phone: 707-488-2885 Fax: 707-488-5295
www.orick.net