



**FELLOWSHIP OF**  
MARKETPLACE CHRISTIANS

**Membership Application**

P.O. Box 875 ~ Roseville, CA 95678  
(916) 989-8245 ~ www.fellowshipchamber.com

Contact Information	Billing Information
Contact Name	AP Contact Name
Company Name	Company Name
Address	Address
Phone	Phone
Fax	Fax
E-mail	E-mail

General Company Information	
Business Licenses	Principal Officer
Number of Employees	Title
Legal Structure (check all that apply) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non-Profit	
In Business Since	Business Type

Payment Information	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	<input type="checkbox"/> Check    Check # _____ Make Checks Payable to the Fellowship of Marketplace Christians
Credit Card #	
Card Billing Address, City, State, Zip	Expiration Date
	3-Digit Security Code
Signature	Date

Membership Type				
Member Category	1-Yr Membership	2-Yr. Membership (10% Savings+ No Reg. Fee)	Registration Fee( One Time)	Total Due
Non-Profit	\$125.00	\$225.00	\$40.00	
Sole Proprietor	\$150.00	\$270.00	\$40.00	
Corporate	\$250.00	\$450.00	\$40.00	

Signature & Authorization	
The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize The Fellowship Chamber to collect the charges agreed to.	
Signature	Date
Print Name	Business Title