



YUCAIPA FIRST PARTICIPANT FORM

Name of Business (DBA): _____

Contact person(s) (first and last name please): _____

Business Location: _____ Zip code: _____

Do not publish business location

Mailing Address: _____ Zip code: _____

Business Telephone: (____) _____ Fax Number: (____) _____

E-mail Address: _____

Website Address: _____

Signature: _____

Referred by: _____

- Joining as a business \$50.00**
- Joining as a Yucaipa Chamber Member \$25.00**
- Interested in joining Yucaipa Valley Chamber of Commerce!**

Mail this form and check to:
Yucaipa Valley Chamber of Commerce
35139 Yucaipa Blvd. • P.O. Box 45 • Yucaipa, CA 92399
(909)790-1841 • Fax (909)363-7373
info@yucaipachamber.org • www.yucaipachamber.org