



The Greater Weiser Area Chamber of Commerce

309 State Street ~ Weiser ID 83672

Office: 208-414-0452 ~ Fax: 208-414-0451

Email: info@weiserchamber.com ~ www.weiserchamber.com

Membership Application

Business Name: _____

Contact person: _____ Title: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email address: _____

Website: _____

CHAMBER MEMBERSHIP INVESTMENT STRUCTURE

2 part time employees = 1 full time

(please check the level that is appropriate for your business)

Individual / Non Profit _____	\$50	7 – 10 Employees _____	\$150
Business with no employees _____	\$75	11 – 15 Employees _____	\$175
1 – 2 Employees _____	\$100	16 – 20 Employees _____	\$200
3 – 6 Employees _____	\$125	21+ Employees _____	\$300

OPTIONAL TWO RIVERS HEALTH CARE PROGRAM

*Participation in the Two Rivers Health Care Program is an optional program available to all chamber members **who have no current health insurance**. You must pay your regular Chamber dues in order to qualify for the Health Care Program. This program is an additional expense to your regular chamber dues. If you would like more information on the Two Rivers Health Care Program, please contact the Weiser Chamber Director.*

Individual / Non Profit _____	\$75	7 – 10 Employees _____	\$175
Business with no employees _____	\$100	11 – 15 Employees _____	\$200
1 – 2 Employees _____	\$125	16 – 20 Employees _____	\$225
3 – 6 Employees _____	\$150	21+ Employees _____	\$325

Amount of Investment Enclosed \$ _____

Please remember that membership dues are not deductible as charitable contributions for federal income tax purposes. However, they are deductible for most members as an ordinary and necessary business expense.

Signature _____ Date _____

Welcome to the Chamber!

For Office Use Only	Date: _____
<input type="checkbox"/> Website <input type="checkbox"/> Welcome Card <input type="checkbox"/> Email Address Book <input type="checkbox"/> QuickBooks <input type="checkbox"/> ED Office <input type="checkbox"/> Member List	



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Health Care Partnership Membership Roster



Business Name: _____

Enrollee 1: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 2: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 3: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 4: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 5: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 6: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 7: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 8: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 9: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

Enrollee 10: _____ Spouse: _____
Dependent 1: _____ Dependent 2: _____
Dependent 3: _____ Dependent 4: _____

To qualify for the Two Rivers Health Care Program, a Chamber member, must have **no current health insurance**, pay the regular Chamber dues investment and pay the additional Health Care program investment according to the cost structure. The Two Rivers Health Care Program entitles the participants to a 50% discount for medical services and a 40% discount on basic laboratory tests furnished in the Weiser or Cambridge clinics. Durable medical equipment, therapeutic injections, and other high cost services purchased by the clinic will be offered at \$10.00 above cost. Services MUST be paid at the time of services. **This plan provides basic primary care discounts only. There are no provisions for hospital, radiological or pharmaceutical services.**