



EASTERN PLAINS
CHAMBER
OF COMMERCE
"Serving Business On A Higher Plain"

Membership Application

Company Name: _____

Company Principal (Mr., Mrs., Ms., Dr.): _____

Primary Contact (Mr., Mrs., Ms., Dr.): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Website: _____

Billing Address (if different): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name and Number: _____

Type of Business: _____

Area of Interest:

Networking Advertising Community Involvement Member Discounts

Payment:

Eastern Plains Chamber of Commerce membership is \$120 per year.

Please make checks payable to **Eastern Plains Chamber of Commerce**: *Membership is non-refundable.*

Opt In: By checking this box I (we) hereby authorize the Eastern Plains Chamber of Commerce to communicate with my (our) business via phone, e-mail or fax and include my (our) company e-mail address as part of member-to-member mailing lists.

Applicant's Signature

Date

Referred by: _____

Eastern Plains Chamber of Commerce
11605 Meridian Market View, Unit 124, PMB 159
Falcon, Colorado 80831

Please visit us at www.easternplainschamber.com for additional information