



Membership Application

Form Date: _____ Membership Year: _____

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: _____

Type of Business: _____

Emergency Contact Name and Number: _____

Area of Interest:

- Networking Business Development Advertising Community Involvement
 Membership Committee Events Committee Other: _____

Payments: Eastern Plains Chamber of Commerce membership is \$100 per year. Please make checks payable to **Eastern Plains Chamber of Commerce**. Membership is non-refundable. Dues may be pro-rated by \$25 per quarter for new members.

With my payment and membership, 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: _____

To submit Electronic: Scan and send by email to board@easternplainschamber.com along with Paypal Payment from: <http://www.easternplainschamber.com/membership/>

To submit in Paper: Deliver by hand with check at a membership meeting - 7:30 am, 1st Wednesday of every month at: Grace Community Church 9475 Grace Church View Falcon, CO 80831