

APPLICATION

FOR YOUR MEMBERSHIP INVESTMENT



AREA CHAMBER OF COMMERCE

4006 Cleveland Avenue | PO Box 1500
Wellington, Colorado | 80549
(970) 568-4133

PLEASE ATTACH YOUR BUSINESS CARD HERE

APPLICATION INFORMATION: Please print clearly

Official Business Name

Contact Name

(1)

(2)

(3)

Business Classification (up to three categories)

Street Address

Mailing Address (city / state / zip code)

Phone

Fax

Email

Website

PAYMENT INFORMATION: Please print clearly

PLEASE CHECK LEVEL AND SUBMIT PAYMENT:

Business Plus \$300 Business \$200 Home Based \$96 Business On Wheels \$96

PAYMENT METHOD: Check Cash Credit / Debit Card

CARD INFO: Name On Card: _____ Number: _____

TYPE: Visa MasterCard Discover Card 3-Digit Security Code: _____

EXPIRY DATE (MM/YY) ____ / ____ SIGNATURE: _____

YES, CONTACT ME TO HOST A BUSINESS AFTER HOURS

YES, CONTACT ME I WANT TO BECOME A VOLUNTEER. Volunteer Area Of Preference _____

YES, CONTACT ME WITH INFORMATION ABOUT ANNUAL DINNER / DISC GOLF TOURNAMENT SPONSORSHIP OPPORTUNITIES