

Application for Membership

Business Name: _____

Business Address: (Where you are located) _____

City: _____ State: _____ Zip: _____

Mailing Address: (If different from above) _____

City: _____ State: _____ Zip: _____

Phone: _____ Toll-Free: _____ Fax: _____

Website: _____ Include Link on Chamber Website: Y ☐ N ☐

Primary Contact: Mr. Ms. Mrs. _____ Title: _____

Primary Contact Email: _____

Secondary Contact: Mr. Ms. Mrs. _____ Title: _____

Secondary Contact Email: _____

Membership Type: Business/Voting Member (\$75): ☐ Affiliate/Non-Voting Member (\$30): ☐

New Membership: ☐

Renewal: ☐

Description of Business: _____

Primary Service or Product: _____ Area Served: _____

Hours & Days of Operation: _____ Number of Employees: _____

Future Goals: _____

Recommended by: _____

Are you willing to join a Chamber Committee? Y ☐ N ☐

Are you willing to donate to Chamber projects? Y ☐ N ☐

Are there any specific actions or projects you would like to Chamber to undertake? _____

Are there any services you would like the Chamber to provide? _____

Comments or Questions? _____

I hereby make application for active membership in the Penrose Chamber of Commerce and agree to adhere to all bylaws, rules, and regulations. I also hereby attest that all information provided on this Membership Application is correct and true.

Authorized Signature: _____ Date: _____

*Please complete this form and mail it, along with your check, to the Penrose Chamber of Commerce.
210 Broadway, Suite 100, Penrose, Colorado 81240*