



P.O. Box 729, 305 S. Main Street #2, Palisade CO 81526

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## 2018 MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

CHECK ONE:  NEW MEMBER  RENEWING MEMBER

*Please list information as you want it to appear in the Membership Directory and other Chamber publications.*

Business or Individual Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Company Website: \_\_\_\_\_

Please check here to be linked to Chamber's website: [www.palisadecoc.com](http://www.palisadecoc.com)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Category: \_\_\_\_\_

*Categories are outlined on the enclosed sheet. One listing per member. Additional listings are \$35 each.*

Business Description • 25 words or less: \_\_\_\_\_

Who encouraged you to join the Chamber? \_\_\_\_\_

Number of Employees (FTE's): \_\_\_\_\_ Years in business: \_\_\_\_\_

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Business Membership        | \$175.00 | <input type="checkbox"/> Non-Profit Organization | \$ 85.00 |
| <input type="checkbox"/> Second Business/non-profit | \$ 85.00 | <input type="checkbox"/> Household Membership    | \$ 60.00 |

**Packages:** *Add additional cost(s) below to above membership dues. Premium Packages not available to Household Members.*

- |  |   |
|--|---|
| <input type="checkbox"/> \$50 "Business After Hours" Pass/10 punches | <input type="checkbox"/> \$ 1500 Chairman Circle Premium Package          |
| <input type="checkbox"/> \$450 Elberta Premium Package               | <input type="checkbox"/> \$ 75/month Single Online Enhanced Business Page |

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*By signing above, I agree to allow the Palisade Chamber of Commerce to contact me via e-mail, FAX, telephone, or mail.*

*For Chamber Use Only*

Membership Level: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Renewal Date: \_\_\_\_\_