



P.O. Box 729, 305 Main Street #101, Palisade CO 81526  
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 Websites: www.palisadecoc.com · www.palisadepeachfest.com

## 2019 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 \$ 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/12 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 |

**AUTO PAY [sign up for Auto Pay and receive a FREE "Business After Hours" Pass/5 punches]**

**\*\*Contact Office Staff to submit auto payment information (970) 464-7458\*\***

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: \_\_\_\_\_

