

# MEMBERSHIP APPLICATION

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

## BUSINESS INFORMATION

Name:

Postal Address:

City:

State:

Zip:

Street Address:

City:

State:

Zip:

Telephone:

Website Address:

## CONTACT INFORMATION

Contact Name:

Title:

Phone Number:

Email:

Additional Contact:

Title:

Phone Number:

Email:

## MEMBERSHIP PLAN

☐

Platinum \$5000

☐

Gold \$1000

☐

Silver \$500

☐

Bronze \$250

**\*\*Non-Profit's receive a 50% Discount on any Membership. Please contact the Chamber to  
enable discount\*\***

## DESCRIPTION AND CATEGORY

Business Description:

Category:

Add Additional Category for \$50:

Please send a copy of your logo to [admin@coloradorivervalleychamber.com](mailto:admin@coloradorivervalleychamber.com)

## CONSENT & AGREEMENT

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

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

By signing above, I agree to allow the Colorado River Valley Chamber of Commerce to  
contact me via email, telephone or mail.

Admin Only:

Input By: \_\_\_\_\_

Date:     /     /