

Membership Application



EVERGREEN AREA
Chamber of Commerce

“Building a Better Evergreen”

EVERGREEN AREA CHAMBER OF COMMERCE ~
28065 Highway 74, St. 201, Evergreen, CO 80439 ~
ph 303-674-3412/fax 303-674-8463 ~
memberrep@evergreenchamber.org ~
www.evergreenchamber.org

Rep: _____ Date _____

You are entering into a contractual agreement with the EACC by signing this document:

“ I understand that this annual membership will be continuous until I have resigned in writing prior to due date or for non-payment of dues after 90 days from due date unless other arrangements have been made with the Chamber office.”

Signed _____ Date: _____

Company Name (DBA): _____

Mark Phone Number to be published with “x”:

___ Primary Phone: _____ Fax: _____

___ Alternate Phone: _____ Email: _____

___ Toll Free Phone: _____ Web: _____

___ Cell Phone: _____

Address to be published (Circle One): **Physical / Mailing / None**

Physical Address: _____

City/State/Zip: _____ / _____ / _____

Mailing Address: _____

City/State/Zip: _____ / _____ / _____

Log in Name: _____

Password (5 to 12 characters including 1 number) _____

Join Date: _____ Full-time Employees: _____ Part-time Employees: _____

Categories: (refer to list, choose 1) _____

Primary Contact

First _____ Last _____

Email: _____

Mailing Address: _____

City/State/Zip: _____ / _____ / _____

Title: _____ Phone: (w) _____ (cell) _____

(alternate) _____ Fax: _____

Web Display Information

Enter your business description, hours of operation and driving directions on the website ~ www.evergreenchamber.org using the Login and password designated above. (Enhanced Web Options are available from ChamberMaster, please call 1-800-825-1785 ext 554 to speak to our representative.)

8 Search Keywords: (owner's name, primary business activities, etc.)

Billing Information

Annual Membership Investment:

Base Rate: \$270 (\$25 discount off Base Rate for multiple businesses) \$ _____

Plus Full-Time Employees: \$16 each # _____ \$ _____

(Add'l \$20 to have name listed on Web) # _____ \$ _____

Plus Part-Time Employees: \$10 each # _____ \$ _____

(Add'l \$20 to have listed on Web) # _____ \$ _____

Add'l Contacts: _____

Pro-Associate Investment: (\$92 each person) \$ _____

Non-Profit Organization - 501 C3 (\$148) \$ _____

- (Non-Profit Status Form Must Accompany Application)

Out-of-Area Investment: (\$415) \$ _____

Individual Membership: (\$105) (No organization/business affiliation) \$ _____

Additional Category (up to 2) - \$40 (annually): \$ _____

Categories thereafter, \$30 each (annually): \$ _____

TOTAL ANNUAL MEMBERSHIP INVESTMENT (Non-refundable) \$ _____

Membership applications will be processed upon receipt of your payment:

Payable to: Evergreen Area Chamber of Commerce

For Chamber Office Use: Chamber Rep: _____ Amount Paid: \$ _____

Payment: ___M/C ___VISA ___AMEX ___ Check # ___ Non-Profit _____ HomeBasedBus _____

Name on card: _____ Exp. _____

Credit Card Number: _____ Mailing Zip Code: _____