



Chamber of Commerce

Application for Membership Effective 1 July

Business Name _____

Business Address (Physical Location of business) _____

City _____ State _____ Zip Code _____

Mailing Address if different from above _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website _____ Include Link on Chamber Website? Y _____ N _____

Primary Contact _____ Title _____

Primary Contact Email _____

Secondary Contact Name/Email _____

Membership Type: Business/For Profit (\$50) _____ Non-Profit (\$30) _____

New Membership _____ **Renewal** _____

Description of Business _____

Hours/Days of Operation _____

Questions or Comments _____

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 payment to

Penrose Chamber of Commerce
103 Broadway Unit 10
Penrose, CO 81240