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APPLICATION FOR MEMBERSHIP INVESTMENT

Please Type or Print Clearly

1. Business and Civic Organizations:

Name of Business/Organization: _____

Type of Business/Organization: _____

Contact Name: _____ Title: _____

2. Individual/Family Memberships:

Name (s) _____

3. Mailing Address/Contact Information:

PO Box: _____ Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

The Chamber of Commerce needs signed permission to fax or email you any information we feel is important to you or your business. If you would like to have information sent to you via fax or email, please sign below.

Signature: _____ Date: _____

ANNUAL DUES FEE SCHEDULE & VOTER DESIGNATION

# Of Employees	Dues	# of Votes	Designated Voting Names
<input type="checkbox"/> 10+	\$150	3	(Only the # per membership.)
<input type="checkbox"/> 4 - 9	\$120	2	# 1 _____
<input type="checkbox"/> 1 - 3	\$75	2	# 2 _____
<input type="checkbox"/> Civic	\$65	2	# 3 _____
<input type="checkbox"/> Family	\$50	2	** Please note there will be a one time setup fee
<input type="checkbox"/> Individual	\$40	1	for administrative services and registration.

Please enter dues amount: \$ _____

Setup Fee: \$ _____ 30.00 (For Business Memberships Only)

Total Amount: \$ _____ (Please remit by check to PO Box above.)

For Office Use Only

Original Membership Date: _____ Renewal Date _____ Rec'd _____

Amount Paid: _____ Cash Check Check # _____ Check Date _____

Database Update: _____ New Member List _____

Plaque Ordered: _____ 110% Club _____ Percentage _____