

CHLORIDE CHAMBER OF COMMERCE

P.O. BOX 268, CHLORIDE, AZ 86431
chloridechamber@gmail.com

May 1, 2024 - April 30, 2025 Membership Application

NAME: _____

HOME

TYPE OF MEMBERSHIP:

____ Business Membership \$25.00 per year

____ Individual Membership \$20.00 per year

____ Couple \$25.00 per year

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

BUSINESS NAME AND ADDRESS _____

HOBBIES & INTERESTS: _____

WOULD YOU BE ABLE TO DONATE TIME TO OUR COMMUNITY EVENTS?

YES _____ NO _____

IF YES, WHAT WOULD YOU BE WILLING TO DO? _____

BEST METHOD OF CONTACT: _____

SIGNATURE: _____

Mail application to the above address or give to any Board Member.

Fees received by: _____ Date: _____ Amount: _____

Cash/Check: _____



Receipt for Member

Receipt for: _____ By: _____ Date: _____

Amount: _____ Check#/Cash _____