

CHLORIDE CHAMBER OF COMMERCE

PO Box 268, Chloride, AZ 86431

ChlorideChamber@gmail.com

Membership for the year of: 2026

Type of Membership:	Individual	Business	Couple
	\$20.00	\$25.00	\$30.00

Name: _____

Spouse: _____

Business: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Spouse Phone: _____

Business Phone: _____

Email: _____

Spouse Email: _____

Business Email: _____

Business Website or Social Media: _____

Are you interested in helping donate time to our community events? yes or no

If yes, what would you be willing to do? _____

Best Time and Method of Contact: _____

Signature: _____ Date: _____

Fees received by: _____ Amount: _____ Cash or Check # _____

RECEIPT FOR MEMBER	Membership for Chloride Chamber of Commerce for the year of: _____
	Type: Individual / Business / Couple
	Cash or check # _____ Amount: _____ Recd by: _____ Date: _____