



DENVER CITY CHAMBER OF COMMERCE

Membership Application

Yes, I want to support my community through membership in the Chamber of Commerce. Please enroll me as a New Investor beginning _____ 1, 20 _____, as follows:

Company/Individual/Organization: _____

Owner/Manager/Representative: _____

(Name)

(Title)

Mailing Address: _____

Physical Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

I would like to be a donor of: **(Please check contribution level)**

Minimum Business Investment

National	\$500/yr	_____
Regional	\$300/yr	_____
Area	\$200/yr	_____
Local	\$150/yr	_____
Individual	\$50/yr.	_____
Individual Couple	\$75/yr.	_____
Non-profit Org	\$50/yr	_____

Gold Member Option 150% of contribution

\$750/yr	_____
\$450/yr	_____
\$300/yr	_____
\$225/yr	_____
\$75/yr.	_____
\$112.50/yr.	_____
\$75/yr	_____

*Payment schedules are offered annually, semi-annually, or quarterly. An additional processing fee of \$2.50 will be added if not paid annually.

Please bill me:

Annually _____

Semi-annually _____

Quarterly _____