



Membership Application

Carrizozo Chamber of Commerce
PO Box 567 - Carrizozo, NM 88301

*Your support is greatly appreciated.
Together we can make positive things happen.*

*Business Membership Level: Individual \$35_____ Basic Business or Association \$75____
Enterprise \$125_____ Premium \$150_____ Corporate \$250_____*

Name of Business 1: _____

Membership information the same as last year? _____ if yes, no need to complete the info below.

Physical address: _____ City/State/Zip: _____

Mailing address _____ City/State/Zip _____

Phone: _____ Fax: _____ Toll Free: _____

Contact Person _____ Phone _____

Web Address: _____

E-Mail Address: _____

Type of Business _____

*Business Membership Level: Individual \$35_____ Basic Business or Association \$75____
Enterprise \$125_____ Premium \$150_____ Corporate \$250_____*

Name of Business 2: _____

Membership information the same as last year? _____ if yes, no need to complete the info below.

Physical address: _____ City/State/Zip: _____

Mailing address _____ City/State/Zip _____

Phone: _____ Fax: _____ Toll Free: _____

Contact Person _____ Phone _____

Web Address: _____

E-Mail Address: _____

Type of Business _____

Please mail the form with your check to the address above.