



2013 Membership Application
DUE before MARCH 1, 2013
to be included in our Directory



Individual Membership: \$25 per person

Name \_\_\_\_\_ Email Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_

Business Membership: \_\_\_\_\_ Basic \$50 \_\_\_\_\_ Event \$35
\_\_\_\_\_ \* Enterprise \$100 \_\_\_\_\_ \* Corporate \$250 \* \$25 for each additional business

Name of Owner/Manager \_\_\_\_\_
Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business 1: \_\_\_\_\_

Information the same as last year? \_\_\_\_\_ if yes, no need to complete the info below.
Physical address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_
Web Address: \_\_\_\_\_
Type of Business \_\_\_\_\_
Date your business Opened \_\_\_\_\_ Registered with Town of Carrizozo? Y\_\_ N\_\_

Name of Business 2: \_\_\_\_\_

Information the same as last year? \_\_\_\_\_ if yes, no need to complete the info below.
Physical address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_
Web Address: \_\_\_\_\_
Type of Business \_\_\_\_\_
Date your business Opened \_\_\_\_\_ Registered with Town of Carrizozo? Y\_\_ N\_\_

For additional businesses, please use the back of this application.

Would you like a Certificate of Membership for your office/records? \_\_\_\_\_

Please complete this form and return it with your check to:
Carrizozo Chamber of Commerce - PO Box 567 - Carrizozo, NM 88301