



Application for Membership

I hereby make application for a sustaining membership in the Cañon City Chamber of Commerce and agree to invest \$ \_\_\_\_\_ annually in the development of the Cañon City area. This membership may be cancelled upon written notice to the Chamber prior to my annual billing date.

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner ( ) Mgr. ( ) Other ( )  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Hours & Days of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Description of business: \_\_\_\_\_  
\_\_\_\_\_

Your Business will receive a Free Link from the Chamber web site to your website:

URL Address: \_\_\_\_\_

You may also submit you logo and up to three additional images to be included in the Chamber listing. All image files must be JPG., GIF., TIFF., or PDF. You may also submit expanded text description in a MS Word.

(My signature below authorizes this application for membership and dues payment in full annually)

Signed by: \_\_\_\_\_ title: \_\_\_\_\_

My signature above for membership into the Cañon City Chamber of Commerce is agreement that even if I chose to pay on a "Semi Annually" or "Quarterly" basis, this first year, that the entire initial membership fee will be required and must be paid in full.

Dues are payable in advance: ( ) Annually ( ) Semi Annually ( ) Quarterly

Payments paid Semi-annually or Quarterly will be charged a \$5.00 per statement fee.

Payment Method: ( ) Check enclosed

Mail to: Cañon City Chamber of Commerce / 403 Royal Gorge Blvd / Cañon City, CO 81212

( ) Credit Card (Master Card or Visa Only Please)

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

Committee Preference: Internal Development, Business / Community Programs, Fund Raising / Special Events / Promotion Development, Marketing & Communications, Tourism Development, Community & Legislative Affairs, Heritage Tourism: \_\_\_\_\_

Recommended by: \_\_\_\_\_

\*Membership in the Cañon City Chamber of Commerce entitles any employer, who is a member in good standing, to health care coverage sponsored by the Cañon City Chamber of Commerce. The Employer's business must be based in Fremont County. Coverage is subject to the eligibility provisions of the health plan. Such coverage is available regardless of any health status related factor of such small employer group member or individuals eligible for coverage through the member. The Cañon City Chamber of Commerce does not make such health care coverage available other than in connection with membership in the Chamber. Membership in the Cañon City Chamber of Commerce is not conditioned upon any health status related factor relating to any individual, including an employee or dependent of an employee.