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**Membership Application**

*I would like to apply for membership with the Tri-Lakes Chamber of Commerce. I am aware Membership Investments are payable in full and are for a term of 12 months commencing on Anniversary Date*.

Today’s Date:

Business Name:

Physical Address: City: Zip

Do you want this address published? Yes No

Mailing Address: City: Zip

Primary Phone: Fax:

Primary Email:

Website: Referred by:

Primary Representative: Title:

Email: Cell Phone:

Additional Representative: Title:

Email: Cell Phone:

Hours of Operation:

Brief description of products and/or services:

Please email a .jpg of your logo to Nathan@trilakeschamber.com.

Chamber membership dues may be tax deductible as an ordinary business expense.   
Dues paid to the Chamber are not a charitable tax deduction for income tax purposes.   
The Chamber is a non-profit entity working as an advocate for the business community.

166 Second Street, Monument, CO 80132 • P.O. Box 147 • 719-481-3282 • [www.trilakeschamber.com](http://www.trilakeschamber.com)

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**Annual Membership Level & Dues**

|  |
| --- |
|  |

Stakeholder Level $5000

Leader Level $2500

Growth Level $1250

Main Street Level $ 600

Classic Level $ 250

**Membership Investment** \_\_\_\_\_\_\_\_\_\_

Breakfast Club Annual Membership $55 \_\_\_\_\_\_\_\_\_\_

**Total Investment**  \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Total # of full-time employees:** | **\_\_\_\_\_\_** | **Total # of part-time employees:** | \_\_\_\_\_\_ |

(Part-time staff, scheduled less than 30 hours per week, count as ½ of a full-time employee. Owner is included in employee count.)

\*Please call if you would like to discuss possible monthly billing options for certain membership levels.

**Please circle form of payment – VISA / MC / Check:**

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CID#: \_\_\_\_\_\_\_\_\_\_

Billing Address for Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check Enclosed: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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