



110 E. Byers Ave. • P.O. Box 175
Hot Sulphur Springs, CO 80451
970-531-7588
www.hsschamber.com • info@hsschamber.com

Year 20____

membership enrollment form

Please complete and mail with payment to P.O. Box 175, Hot Sulphur Springs, CO 80451.

Member information (This information will be displayed on your **public** directory listing.)

- New member** **Renewal** (Please indicate your member name and changes to existing listing)

member name _____

contact name _____

physical address _____

mailing address _____

phone _____ fax _____ mobile _____

email address _____

website address _____

social media addresses (Facebook, Twitter, Pinterest, Instagram, etc.) _____

Business description (50 words or less)

I would like to help with:	Enrollment options
<input type="checkbox"/> Community events	<input type="checkbox"/> Premier Partner \$300/year \$
<input type="checkbox"/> Member events	<input type="checkbox"/> Chamber Partner \$150/year \$
<input type="checkbox"/> Marketing	<input type="checkbox"/> Standard Membership \$75/year \$
<input type="checkbox"/> Membership	<input type="checkbox"/> Friend of the Chamber \$25/year \$
<input type="checkbox"/> Board of Directors	
<input type="checkbox"/> Finance	
<input type="checkbox"/> Networking	
<input type="checkbox"/> Education	
<input type="checkbox"/> Communication	

(Cash or check only. Checks payable to Hot Sulphur Springs Chamber of Commerce.)

All attached information is true to the best of my knowledge. I understand that I will continue to be billed annually for the total amount of the item(s) I have checked above and/or upgraded to during the previous year. I further understand that I may upgrade my membership or include additional options. All commitments are for the current year (January-December). Prices are subject to change with each billing year. **There are no refunds.**

Signature _____

Date _____