

## 110 E. Byers Ave. • P.O. Box 175 Hot Sulphur Springs, CO 80451 970-531-7588

www.hsschamber.com • info@hsschamber.com

Year	20	
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## membership enrollment form

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

M	ember information	(This information will be displayed on your <b>public</b> directory listing.)					
 	New member □ Re	w member					
mer	nber name						
con	tact name						
phy	sical address						
mai	ing address						
pho	ne	fax	mobile				
emo	ail 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					
	Community events Member events	☐ Premier Partner	\$300/year	\$			
	Marketing Membership	☐ Chamber Partner	\$150/year	\$			
	Board of Directors Finance	☐ Standard Membership	\$75/year	\$			
	Networking Education	☐ Friend of the Chamber	\$25/year	\$			
ă	Communication	(Cash or check only. Checks payable to H	lot Sulphur Spring	gs 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