



Member Application

Business Name: _____

Physical Address: _____

P.O. Box (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Website: _____

Contact Person: _____

Phone: _____

Second Contact Person: _____

Phone: _____

Type of Business: _____

Date Business Opened: _____

Number of Employees: _____

Other information to help us get to know you better: _____

What are your goals in joining the Kersey Area Chamber? _____

What can we do specifically for you to make belonging to the Kersey Chamber a positive experience?

Signature of applicant:

Date: _____

Membership Annual Dues: \$75

First registration will be prorated depending on month of enrollment.

Dues after that will be due in January of each year following.

With membership you will receive a window cling for your membership year.

Paid: CCHECK # _____ Cash

Please mail to: Kersey Chamber – PO BOX 620 – Kersey, CO 80644