

COKEVILLE

CHAMBER OF COMMERCE

MEMBERSHIP FORM

You are invited and encouraged to attend our meetings and participate in our projects. Donations are gratefully accepted and always welcome. Volunteer opportunities are available in many different committees. Learn about and be part of our communities growth.

www.cokevillechamberofcommerce.com

Business Name _____
Name _____
Address _____
Business Phone #(____)_____ Home Phone #(____)_____
Email Address _____

(Signature of Applicant)

(Date)

ANNUAL MEMBERSHIP DUES

_____ New Membership _____ Renewal Membership _____ Gift Membership
Individual Membership(50.00) Two Memberships

Membership Includes

Newsletter

Membership Amount: \$ _____

Additional Donation: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Return with payment to:

Carol Reed
P.O. Box
Cokeville, Wy

- for office use only -

Membership Date _____ Date Paid _____ Amount _____