



## Membership Application

Business Name: \_\_\_\_\_

Individual/Contact Person(s): \_\_\_\_\_

Business Location/Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

2026 Membership dues	\$75.00
Scholarship Fund Donation:	\$ _____
<b>TOTAL ENCLOSED:</b>	<b>\$ _____</b>

Please pay in person at a chamber meeting by cash or check or mail to:

Ignacio Chamber of Commerce  
PO Box 1223  
Ignacio CO 81137-1223

All payments are due annually by March 1  
If you need a separate invoice, please contact the Chamber  
ignaciochamberofcommerce@gmail.com 970-563-0344