

**APPLICATION FOR INDIVIDUAL MEMBERSHIP
MEAD AREA CHAMBER OF COMMERCE**

I hereby make application for Individual Membership in the Mead Area Chamber of Commerce. Membership will be continuous unless I notify the Chamber to the contrary in writing. If accepted for membership, that membership will be effective for a period of 12 months, from the first day of the month within which this Membership Application and payment are received. Annual membership fees will be billed as of the anniversary date of membership. I agree to adhere to the By-laws of the Mead Area Chamber of Commerce.

Date: _____

Name: _____

MailingAddress: _____

City, State, ZIP: _____

Telephone: _____

FAX: _____

E-Mail: _____

Referred By: _____

\$50 Individual Membership Fee

Please mail membership application and check to:

Mead Area Chamber of Commerce
P. O. Box 727
Mead, CO 80542.