

# FLORENCE CHAMBER OF COMMERCE

"Serving Businesses & Community since 1902"



## 2020 Membership Form

116 N Pikes Peak Ave. PO Box 145, Florence, CO 81226

Phone: 719-784-3544

Email: fcocofficemanager@gmail.com

www.finditinflorence.com

**Business/Organization:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **P.O. Box** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Preferred Delivery  Address  P.O. Box

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Representative:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Interested in participating? (Choose all that apply for more information)

**Marketing**

**Membership**

**Special Events**

**Office Support**

Do you have a Facebook page? \_\_\_\_\_

Do you have a Twitter page? \_\_\_\_\_

Do you have a Linked In page? \_\_\_\_\_

Do you have an Instagram page? \_\_\_\_\_

**Year Opened:** \_\_\_\_\_

**Number of Full-time Employees:** \_\_\_\_\_

**Number of Part-time Employees:** \_\_\_\_\_

**Brief Description of Business (Business Category):** \_\_\_\_\_

### Membership Dues\*

<b>Community</b> (retired or fulltime students)	<b>\$50.00</b>
<b>Basic</b> (Non-profit, Individual entrepreneur, 1099 employee)	<b>\$75.00</b>
<b>Small Business or Sole Proprietor</b> (up to 4 employees)	<b>\$100.00</b>
<b>Regular Business</b> (5-14 employees)	<b>\$150.00</b> (15+ employees) <b>\$200.00</b>
<b>Corporations, Publicly Owned Business</b>	<b>\$500.00</b>

- Please give filled out form to your sponsor or mail, fax, email this membership form to the Chamber Office.
- You may include your check with this form or pay by credit card. All major credit cards accepted.  
**Make checks payable to: Florence Chamber of Commerce**
- If you need a receipt for your membership, please check here: \_\_\_\_\_

### METHOD OF PAYMENT

Check is enclosed

Send Invoice for Full Amount

Please bill my credit card

Acct # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code # \_\_\_\_\_ Signature: \_\_\_\_\_