



Membership Application

Business: _____
Contact Person: _____ Title: _____
Mailing Address: _____
Physical Address: _____
Phone: _____ Fax: _____
Email: _____
Website: _____
Description of Business: _____

Billing Representative (If Different)

Contact Person: _____ Title: _____
Mailing Address: _____
Phone: _____ Fax: _____
Email: _____

Membership Levels

Annual Investment Non Profit	\$250	_____
Annual Investment (1-10 Employees)	\$300	_____
Annual Investment (11-30 Employees)	\$450	_____
Annual Investment (31-100 Employees)	\$700	_____
Emerald Level*	\$1000	_____
Diamond Level*	\$1500	_____
Platinum Level*	\$2500	_____
Application Fee	\$10	_____

- Payment is attached
 Please Send Invoice
 Pay by PayPal via Phone 575.623.5695

Submit your payment to the:
Roswell Chamber of Commerce
131 W. 2nd St. Roswell, NM 88201