



Chamber of Commerce

The mission of the Silver City Grant County Chamber of Commerce is to serve its members by promoting business, commerce, and tourism in Grant County

MEMBERSHIP APPLICATION

APPLICANT / ACCOUNT HOLDER'S NAME: _____ DATE: _____

MEMBERSHIP INVESTMENT SCHEDULE AND CLASSIFICATION

Individual Membership:	
Class A - \$75.00 Individuals under the age of 55	Class B - \$40.00 Individuals age 55 or older
Business Membership:	
Class 1 - \$150.00 Non-profit business that has a 501-C federal tax status (less than 50 employees in Grant County)	Class 2 - \$200.00 Smaller Business Membership / Home Based Businesses (less than 50 employees in Grant County)
Class 3 - \$100.00 Smaller Business/institutions/organizations open less than a year or just opening (First Year of Business Rate)	Class 4 - \$500.00 Financial Institutions and Larger Business / institutions / organizations (50 employees or more in Grant County)

MEMBERSHIP TYPE:

Class A Class B Class 1 Class 2 Class 3 Class 4

CONTACT NAME: _____ TITLE / POSITION: _____

MAILING ADDRESS: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ WEB ADDRESS: _____

BUSINESS NAME: _____ TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MEMBERSHIP BENEFITS:



ADVOCACY



NETWORKING OPPORTUNITIES



RESOURCES



ACCESS TO INFORMATION



PROFESSIONAL TRAINING



ENTREPRENEURIAL ASSISTANCE



PUBLICITY AND CREDIBILITY

WE REFER MEMBERS FIRST

After completing this investment application and paying the appropriate annual dues, your membership will be voted on at the next scheduled meeting of the Board of Directors. Each membership receives 1 vote during membership balloting. The annual membership for new members will begin the month of the new member's application and payment of dues. Example: If you join in September 2025, your membership will run through August of 2026. Any questions may be directed to the staff of the Silver City Grant County Chamber of Commerce.

By signing this application, I am stating that I have read the investment schedule and agree to the terms of becoming a member. I agree to abide by the rules and regulations set forth by the governing body. I agree that my membership benefits are based on the selected membership class. All fees are subject to change at the discretion of the Board of Directors. I understand that I must be a member in good standing to receive the benefits of membership.

Signature: _____

Date: _____

