



**HEBER-OVERGAARD
 CHAMBER OF COMMERCE**
 2774 Hwy 260 - P.O. Box 1926
 Overgaard, AZ 85933-1926
 Email: coc@heberovergaard.org
 Website: www.heberovergaard.org
 Phone: 928-535-5777

2018-2019 Membership Application

Name of Business/Individual: _____	Phone: _____
Physical Address: _____ City: _____ State: ____ Zip: _____	Fax: _____
Mailing Address: _____ City: _____ State: ____ Zip: _____	
Owner/Authorized Officer: _____	Title: _____
Authorized Signature & Date Signed: _____	Designated Representative(s): _____
Email Address(s): _____	Website Address: _____

Membership Type: (check one only please):	Investment (\$)
<input type="checkbox"/> General Business (includes Real Estate Agents)	\$75.00
<input type="checkbox"/> Church / Service Organization / Non Profit/ Individual	\$50.00
Category you would like to be listed under (Example: Contractor, Restaurant, Retail, Etc...)	

Official Use Only

DATE RECEIVED	CERT: _____
<div style="background-color: yellow; width: 100px; height: 15px; margin: 0 auto;"></div> / /	EMAIL: _____
	WEBSITE: _____

Additional Information Regarding Membership

1. Our Chamber of Commerce strives to utilize electronic meeting notices whenever possible. Please include your email address on your application. Thank you!
2. Our Chamber of Commerce relies primarily on volunteers to manage our events, administration, meetings and benefits. Please check all areas below that apply to your willingness to volunteer and help us maintain and ultimately improve the benefits you enjoy today:
 - a. I (or my employees on behalf of my business) would be willing to volunteer several hours of time to assist with the success of the following activities:

___ July 4th Event ___ Oktoberfest Event ___ Trunk or Treat Event ___ Winterfest Event

or

- b. I am not able to support the Chamber through volunteer efforts, however I would be willing to support the Chamber by donating the following funds so that the Chamber can hire and pay temporary help for specific events. Thank you!

___ \$50 ___ \$100 ___ \$150 ___ Specify Amount \$_____

Please list your business Hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

Please return this form along with your check covering all charges and donations payable to:

Heber-Overgaard Chamber of Commerce, P.O. Box 1926, Overgaard, AZ 85933-1926 or use our drop box at
The Heber-Overgaard Chamber of Commerce Office.

All Membership Applications will be reviewed by the Chamber Board.

For questions, please call (928) 535-5777.

**Be sure to stop in with your business cards and / or brochures.
Thank You for supporting the Heber-Overgaard Chamber of Commerce.**