



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

2020-2021 Membership Application

Name of Business/Individual:		Phone: _____
Physical Address: _____		Fax: _____
City: _____ State: ____ Zip: _____		
Mailing Address: _____		
City: _____ State: ____ Zip: _____		
Printed Name of 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 (Example: Real Estate Agents, Restaurants, Retail Stores.ect)	\$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 RECIEVED

____ / ____ / ____

CERT: _____

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 or email us at coc@heberovergaard.org

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