

**Rio Rico Chamber of Commerce
Membership Application**

Name: _____

Company or Business: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Website: _____

Would you be interested in a director's position _____ or a committee: _____

Please check the box for membership that applies to you

BUSINESS:

1 Employee \$100.00

2 – 5 Employees \$150.00

6 – 10 Employees \$200.00

11 – 20 Employees \$300.00

21 or more Employees \$400.00

Individual Member: \$100.00 (No business)

Non-Profit and/or service clubs \$ 50.00 (No business)

Please enclose check with application to your sponsor, or mail to:

Rio Rico Chamber of Commerce
1279 C West Frontage Road
Rio Rico, AZ 85648
Telephone: (520) 377-9336

Applicant's Signature: _____ Date: _____

your company representative: _____

Who asked you to join? _____