



Membership Information and Investment Pledge

Business/Individual Name: _____

Number of Employees: _____

Date Established: _____

Name (Owner/Manager) _____

Title: _____

Email Address _____ () Published () Not Published

Web Site _____

Location Address _____

Telephone Number: _____

Mailing Address _____ (if different)

Fax Number _____

City _____

800 Number _____

State _____ Zip _____

Payment Plan : Annual ___ Semi Annual ___ Quarterly ___

Investment in the Worland-Ten Sleep Chamber of Commerce is to be continuous unless cancelled in writing or through non-payment you appropriate investment pledge. Annual investment pledges are billed for the fiscal year 1/1 to 12/31. Membership obtained during this time period will be pro-rated.

Signature _____

Date _____