



**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

## ***Membership Application***

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

<b>Membership Type: (check one only please):</b>	<b>Investment (\$)</b>
<input type="checkbox"/> <b>General Business (Example: Real Estate Agents, Restaurants, Retail Stores.ect)</b>	<b>\$100.00</b>
<input type="checkbox"/> <b>Church / Non Profit / Individual</b>	<b>\$75.00</b>
<b>Category you would like to be listed under (Example: Contractor, Restaurant, Retail, Etc...)</b>	

### **Official Use Only**

**DATE APPROVED**

\_\_\_/\_\_\_/\_\_\_

**Compd by:** \_\_\_\_\_

**Why:** \_\_\_\_\_

### ***Additional Information Regarding Membership***

1. Our Chamber of Commerce strives to utilize electronic 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 4<sup>th</sup> 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](mailto:coc@heberovergaard.org)

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