



760 West Picacho Avenue | Las Cruces, NM 88005
575.524.1968 phone | 575.527.5546 fax
www.lascruces.org

Business or Individual Name: _____

Address: _____
Street Number City State Zip

Mailing address (if different from above): _____
Street Number City State Zip

Phone Number: _____ Fax Number: _____

Brief Description of Business or Service: _____

Referred to Chamber by: _____ FT Employees: _____ PT Employees: _____

Membership Level: Basic Business Bronze Silver Gold Platinum Diamond Chairman's Circle
 Home-Based Small Business Individual Non-Profit Basic Non-Profit Bronze Real Estate Agent

Business Category: _____ Business Category 2: _____
Category 1 (free) Category 2 (additional \$50)

Website: _____

Facebook: _____ Twitter Username: _____

Primary Chamber Contact: _____
First Name Last Name Title

Primary Contact Email: _____ Phone Number: _____ Ext. _____

Other Representatives (Number related to membership level; please list additional member representatives on the back):

Representative 1: _____
First Name Last Name Title Email Address

Representative 2: _____
First Name Last Name Title Email Address

Representative 3: _____
First Name Last Name Title Email Address

Please check the **most** important reason for joining the Chamber:

Advocacy Networking Information/Education Referrals Website Business Directory Listing

I hereby apply for membership to the Greater Las Cruces Chamber of Commerce. I agree that my Annual Investment will be \$ _____, payable on an annual basis. There is an additional one-time \$45.00 processing fee.

Please contact the Chamber office at 575.524.1968 to pay by credit card (Visa, Mastercard & American Express are accepted)

Signature: _____ Date: _____

Please submit your application to the Chamber via email (relo@lascruces.org), fax (575.527.5546), through our website (www.lascruces.org), or by mail or in person to 760 West Picacho Avenue, Las Cruces, NM 88005.

For Chamber Use Only Secured by: _____ Date: _____

