



Artesia Chamber of Commerce
PO Box 99 ~ 107 N. 1st Street
Artesia, NM 88211-0099
505-746-2744 ~ Fax 505-746-2745

Membership Application Form

Business Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Web Address _____

E-Mail Address _____

Primary Contact Name _____ Title _____

Secondary Contact Name _____ Title _____

Number of Employees _____

Classification of Business for Visitor's Guide & Web Site

I hereby apply for membership in the Artesia Chamber of Commerce agreeing that my annual investment will be \$ _____ payable as indicated below.

Billing Method: () Check Attached () Invoice () Quarterly
() Annually () Semi-Annually

Signature _____ Date _____

Thank you, for your community investment.