

BEATTY CHAMBER OF COMMERCE

P.O. BOX 956

BEATTY, NEVADA 89003

(775) 553-2424 PHONE/FAX

www.beattynevada.org

Thank you for your interest in becoming a member of the Beatty Chamber of Commerce.

We welcome all businesses, organizations, and individuals who wish to participate in the promotion of the community and history surrounding Beatty. Please return the lower portion of this form with your payment of dues to the address above.

Annual dues are as follows:

Individual Membership \$25;

Non-Profit Organization Membership \$35;

Business Membership \$50.

In order to best serve you, we request that you keep the Chamber informed of the services you provide and keep the Chamber well stocked with any brochures you would like dispensed to the public and other members.

The Chamber is a non-profit organization; donations are sincerely appreciated and qualify as charitable gifts.

All members will be listed on our website members directory. Only members in the Beatty Room Tax area will be included in any printed advertising, as well as on our interactive map.

MEMBERSHIP APPLICATION 2022

\_\_ Individual

\_\_ Non-Profit; Please provide ID#

\_\_ Business

Business/Individual Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Other Employees: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Please describe the nature of your business and/or your interest in the Beatty Community.

\_\_\_\_\_

\_\_\_\_\_

What information (it any) do you give authorization to be released to the public:

\_\_ All \_\_ None \_\_ Specific \_\_\_\_\_

Other Employees: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

During special events, may the Chamber use your business/individual name as an association of our membership? \_\_ Yes \_\_ No

Areas for which I/we would like to volunteer time or services:

\_\_ Arts/Crafts Shows \_\_ Business Development \_\_ Office Help \_\_ Fundraising

\_\_ Printing or Publishing \_\_ Special Events \_\_ Travel Shows

\_\_ Construction \_\_ Serving on Board \_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Per our By-Laws, membership applications will be approved at the next scheduled meeting.

Received: \_\_\_\_\_ Approved: \_\_\_\_\_

OFFICE HOURS  
DARLENE SP...