



# Membership Application

## Mission Statement

“To diversify the economy of the Bullhead City area through the creation of new private capital investment and employment opportunities.”

### Contact Information

Name	
Street Address	
City State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Website Address:	

### Type of Membership

Date joined the organization: _____	
Payment options:    ___ Monthly    ___ Quarterly    ___ Semi-Annual    ___ Annual	
___ \$250.00 Individuals	
___ \$500.00 Nonprofit, Schools, Small Business	
___ \$1,000 Commercial Supplies, Commercial Real Estate, Staffing Agencies, Media	
___ \$2,000 Utilities, developers, Major Employers (100+ employees)	

### Interests

Tell us in which areas you are interested in volunteering

___ Administration	___ Committees
___ Board of Directors	___ Business Attraction
___ Finance Committee	___ Business Retention
___ Fundraising	___ Olde Town
___ Membership	___ Workforce & Education

**Notice: in order to be elected to the Board your membership dues must be current**

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.