



ENCHANTED CIRCLE MARKETING COOPERATIVE

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

Name of Organization: _____

Type of Organization (see below): _____

Contact Name: _____

Business Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Please check the category that applies to your organization:

- County or municipality—\$1,000 annual membership fee
- Non-Profit Organization—\$500 annual membership fee
- Gateway Community and their respective Non-Profit organizations—\$500 annual membership
- Business member located within the Enchanted Circle—\$250 annual membership fee

Signature: _____

Please mail membership annual fee with application to:

Enchanted Circle Marketing Cooperative

PO Box 461

Red River, New Mexico 87558