



Phone: (970) 332-4384 • Fax: (970) 332-3486

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## **2017 Non-Profit Investment Statement**

Full Legal Name of N	Ion-Profit Business	:		
501(c)3 Tax ID#:		Contact Person:		
Mailing Address:_				
Physical Address (	if different than a	above):		
City:	State:	Zip:		
Phone Number:		_ Alternate Phone Number:		_
Website (if applica	able):	E-mail Addre	ess:	
Your employee cou	employees.	ll owners who actively work for the con You do not need to include temporary of on-Profit Dues Str se check to the left of the rate yo	ructure	t-time and contract
		# of Emp	Amount	1
		No Employees	\$50.00	_
		1-5 Employees	\$75.00	1
		6 or more Employees	\$100.00	1
If you wish to pay		Γ PAYMENT BY CHECK lease contact Eldon Van Vickle, Director@wraychamber.r	Excutive Director at 907-3	?32-3484 or email
Would you	like your e-mail	nail address to be added to our address to be linked to your dich to accept Chamber Bucks?	irectory listing? Yes	
	// plicable):/	Check # (if applicable): / Amount \$ Added to Directory:	Check Amoun_ Authorization #:	ıt: \$