

# Enterprise Wheat Ridge Member Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

## Membership Fees

Silver	Gold	Platinum	Amount
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	\$ _____

### Payment options

#### Credit Card

Register online at  
[www.ewheatridge.com](http://www.ewheatridge.com)  
If paying via PayPal, please fax  
this form to **303-232-3992**

#### Check

Send completed form with your check to  
**Enterprise Wheat Ridge**  
**P.O. Box 1231**  
**Wheat Ridge, CO 80034-1231**

For more information, please contact:  
Loretta DiTirro at 303-594-1520

E Wheat Ridge use only

Member fees are for 1 yr period. Payment was received by:			
Cash _____	Check _____		
PayPal _____	Amount received _____	Date Rec'd _____	

**Welcome to Enterprise Wheat Ridge**

**Thank You for Joining!**

