



CORA

Colorado Rhône-Alpes
Economic Development Partnership

An initiative of the



CORA Partnership Application 2010

Date: _____

Name _____ Title _____

Company name _____

Membership levels:

___ Partner: \$1,000 (16 hours of services)

___ Senior Partner: \$2,000 (32 hours of services)

___ Sustaining Partner: \$5,000 (unlimited hours of services)

Note: Each partner is entitled to receive services proportionate to its dues. Whereby the services required are beyond the hours included in the partnership level, additional hours will be billed based on a modest hourly charge. Services exclude out-of-pocket expenses.

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

E-mail _____ Web site _____

Describe what your company does _____

ADDITIONAL MEMBERS

NAME	POSITION	PHONE	EMAIL
1 _____			
2 _____			
3 _____			
4 _____			

Membership payable by **Master Card, Visa, or check**. Please make check payable to **"FACC"**.

Enclosed is my check # _____

Or

Bill my VISA/Mastercard:

Credit Card # _____ Exp. Date _____

Name on the card: _____

Amount charged to card _____ Billing zip code: _____

___ Please send me an invoice

___ Please send me a receipt

Kindly forward the completed application to:

CORA
c/o French American Chamber of Commerce
P.O. Box 370527, Denver CO 80237
Or by email to: virginie@rmfacc.org

Or by fax to: 303 872 9017