

Saguache Chamber of Commerce

Membership Application

Date: _____

Return application to: Saguache Chamber of Commerce, P.O. Box 53, Saguache, CO 81149
Phone: 719-849-0240 **Website:** saguachechamber.org **Email:** info@saguachechamber.org

Contact Person: _____ Title: _____

Company Name: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type of Business: _____

Email: _____

Website: _____

Describe your business (limit 100 words):

Membership Levels: Select One/call with questions/719-849-0240)

_____ **Premium/\$50**-all standard benefits with additional business logo on Chamber website home page

_____ **Standard/\$25**- voting rights, member recognition, Chamber decal, discount on Chamber products, business logo on Chamber website, link to business URL, use of Chamber bulk mailing account, grand opening/ribbon cutting

_____ **Volunteer/10 hrs svc**-voting rights, member recognition, Chamber decal, discount on Chamber products (complete volunteer form)

Committees You Would Consider Joining:

_____ Hollyhock Festival

_____ Arts Walk

_____ Fall Festival & Quilt Show

_____ Membership/Hospitality Committee

_____ Gifting/Sponsorship Program

_____ Speaker Program

Can we add your business to the website directory & other publications?

_____ Yes _____ No

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Volunteer Level Membership Agreement

With which of the following Chamber Events or Committees would you like to assist?
(note how many volunteer hours for each event-total of 10 hours/year required)

Hollyhock Festival (July 29, 2023) _____

Arts Walk (July 29, 2023) _____

Fall Festival & Quilt Show (Sept 16, 2023) _____

Membership/Hospitality Committee _____

Gifting/Sponsorship Program _____

Speaker Program _____

Other Chamber Events _____
(Chamber Product Booth at events, etc.)

Special talents you would like to offer to Chamber _____

Contact Name _____ **Contact Number** _____
(please print)

Signature _____ **Date** _____