

Saguache Chamber of Commerce

Membership Application

Date: _____

Return application to: Saguache Chamber of Commerce, P.O. Box 53, Saguache, CO 81149
Phone: 719-530-1707 **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 (email any questions to info@saguachechamber.org)

_____ **Premium/\$50**-all standard benefits with additional ad panel on Chamber Website Home Page

_____ **Standard/\$25**- voting rights, member recognition, Chamber decal, discount on Chamber products, ad panel w/business logo on Chamber website, link to business URL, grand opening/ribbon cutting

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

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 Business 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 (last Saturday in July) _____

Arts Walk (last Saturday in July) _____

Fall Festival & Quilt Show (3rd Saturday in Sept) _____

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 _____
(please print)

Contact Number _____

Signature _____

Date _____