

# Saguache Chamber of Commerce

## Renewal Membership Application

Date: \_\_\_\_\_

**Return application to:** Saguache Chamber of Commerce, P.O. Box 53, Saguache, CO 81149  
**Phone:** 719-530-1707 **Website:** [saguachechamber.org](http://saguachechamber.org) **Email:** [info@saguachechamber.org](mailto:info@saguachechamber.org)

**If any of the below information has changed during the past year, please complete and submit this form with your payment. Otherwise, please submit your annual dues prior to March 31<sup>st</sup>**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

Website \_\_\_\_\_

**Membership Levels:** Select One (email any questions to [info@saguachechamber.org](mailto: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

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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 (3<sup>rd</sup> 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** \_\_\_\_\_