

Saguache Chamber of Commerce

Membership Application

Date: _____

Return Application To: Saguache Chamber of Commerce, c/o ScSEED, P.O. Box 102, Villa Grove, CO 81155 **Phone:** 719-655-2775
Website: www.scseed.org **Email:** chambercoordinator@scseed.org

Contact Person: _____ **Title:** _____

Company Name: _____

Business Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Number of Employees* Full Time: _____ **Part Time:** _____

Type of Business: _____ **# of Years in Business:** _____

Business Hours: _____

By Appointment Only: _____

Describe your business (limit 100 words): _____

Reason You Joined (rank in order of importance):

- ____ Networking Community
- ____ Visibility / Recognition
- ____ Advertising / Marketing Leadership
- ____ Opportunities Programs & Events
- ____ Professional Development
- ____ Public Policy Advocacy
- ____ Economic Development
- ____ Other: _____

Committees/Groups You Would Consider Joining:

- ____ Action Committee (operations)
- ____ Events Committee (Business After Hours events, etc.)
- ____ Marketing Committee (website, publications, ads, etc.)

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

____ Yes ____ No

____ Yes, I'd like to host a **Business After Hours** event in the coming months – please contact me?