



If you would like to become a member, please print this application, fill it out, and mail it to:

Heart of the Rockies Chamber of Commerce (HRCC)
406 West Highway 50
Salida, CO 81201

****Please include a bio, and a full description of your business, along with this application and your payment.**

Business Name: _____

Business Phone: _____ Fax: _____

Other Phone: _____ Toll Free: _____

Email: _____ Website: _____

Owner Name: _____ Mgr Name: _____

Physical Address: _____

Mailing Address: _____

Tax ID# (or Social Security#): _____ Date Business began: _____

Business Hours including day's closed: _____

If lodging facility indicate # of beds: _____

If restaurant indicate # of seats: _____

Number of employees – Full time: _____ Part time: _____

Annual Dues

Amount of Annual Dues: (See itemized list provided on previous page) _____

**All first-year applicants must pay for the entire first year. Upon request, billing for the following years can be changed to one of three options: Quarterly, Semi-annual or annual. We accept cash, checks, money orders and all major credit cards.

References

Please list three references, including contact name and phone #, from the Salida area or from your previous location:

1. _____

2. _____

3. _____

Membership in HRCC entitles any employer, who is a member in good standing, to health care coverage sponsored by HRCC. The Employer's business must be based in Chaffee, Fremont or Saguache County. Coverage is subject to the eligibility provisions of the health plan. Such coverage is available regardless of any health status related factor of such small employer group member or individuals eligible for coverage through the member. HRCC does not make such health care coverage available other than in connection with membership in HRCC. Membership in HRCC is not conditioned upon any health status related factor relating to any individual, including an employee or dependent of an employee.