



Member Application Form

You can complete this form by typing directly into the fields below or printing it and filling it out by hand.

Business Name: _____

Business Phone: _____ Fax: _____

Other Phone: _____ Toll-Free: _____

Email: _____ Website: _____

Owner Name: _____ Mgr Name: _____

Physical Address: _____

Mailing Address: _____

Tax ID#: _____ Date Business Began: _____

Business Hours (including days closed): _____

If lodging facility, indicate # of beds: _____

If restaurant, indicate # of seats: _____

Employees — # of Full-Time: _____ # of Part-Time: _____

Amount of Annual Dues (see itemized list provided in packet): _____

All first-year applicants must pay for the entire first year. Upon request, billing for the following years can be changed to one of two options: semi-annual or annual.

References — please list three references, including contact name and phone number, from the Salida area or from your previous location:

1. _____

2. _____

3. _____

