



## Chamber Membership Application

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Tax ID#: \_\_\_\_\_ Date Business Began: \_\_\_\_\_

Business Hours (including days closed): \_\_\_\_\_

If lodging facility, indicate number of beds: \_\_\_\_\_

If restaurant or food truck, indicate seating options and seating numbers: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

Annual dues: \_\_\_\_\_

Use this link to determine your fee level: <https://salidachamber.org/payment/>



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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Business Description

Please describe your business, its services and what makes it unique. Include a brief history of your business and/or business experience. If you would like to attach a resume or biography, please feel free to do so. [This section is not necessary for Individual Members.]

When complete, please email this form to [info@salidachamber.org](mailto:info@salidachamber.org), or stop by our office, say hello, and bring it in! Our address is 406 West Highway 50, Salida, CO 81201

Phone: 877.772.5432 | 719.539.2068 | Fax: 719.539.7844  
Hours: Mon-Fri 9am-5pm, Sat 9-3 (Hours May Vary), Sun 10-2 (Hours May Vary)  
406 West Highway 50, Salida, CO 81201