



PO Box 7, Bayfield CO 81122
www.bayfieldchamber.org
info@bayfieldchamber.org

MEMBERSHIP APPLICATION

PLEASE PRINT

Date: _____

Business Name _____

Contact Name(s) _____

Contact Phone _____ Mobile _____

Nature of Industry and services offered _____

Number of Employees _____

Mailing Address _____

Physical Address _____

Business Phone _____ Fax _____

Bayfield Chamber of Commerce communicates primarily through email
Please provide your email address _____

Website address _____

Please indicate preference to be included in the online member directory (circle one): **YES** **NO**

Check Membership Category:

- Business Membership (0-10 employees) - \$50
- Corporate Membership (11+ employees) - \$100
- Non-Profit Business Membership - \$50
- Individual (Friend of the Chamber) - \$25

What benefit do you hope to get from your Chamber membership? _____

Do you have ideas for services or programs the Chamber could provide? _____

What can you do to support the Chamber (volunteer for committee or special projects, host business after hours, other) _____

Please return this form with your business card and payment the address above.
Make checks made payable to **Bayfield Chamber of Commerce**.

Thank you for your continued support of the Bayfield Chamber of Commerce.