

La Veta-Cuchara

Chamber of Commerce

2019 Membership Application

Business Name: _____

Owner: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____

Toll Free Number: _____

Fax Number: _____

Email Address: _____

Website: _____

___ **New Membership:** Please give a complete description of your business and include Hours of Operation, Dates of Operation and Payment Methods Accepted. If you would like a photo(s) of your business on the Chamber website, please send digital photos to info@lavetacucharachamber.com.

___ **Renewal Membership:** Please send **ONLY** indicated **changes** or **updates** to your current Chamber web page (please send updated photos to info@lavetacucharachamber.com).

2019 Membership Dues:

| | |
|--|-------|
| ___ All New Members | \$75 |
| ___ Businesses, Nonprofits, Civic Organizations, and Churches (Due by 1-31-2019) | \$100 |
| ___ Additional Business Listing on Chamber of Commerce website | \$25 |
| ___ Individuals, Friends of the Chamber | \$35 |
| ___ I would like to add a donation to the Chamber in the amount of: | _____ |
| ___ Total Amount Enclosed: | _____ |

Please make check payable to the La Veta-Cuchara Chamber of Commerce or "LVCCC" and mail with this completed form to:

LVCCC
PO Box 32
La Veta, CO 81055

Please feel free to call us with any questions at (719) 742-3676 or email us at info@lavetacucharachamber.com.