



MEMBERSHIP APPLICATION

Business Information

Business Name: _____

Business Physical Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Website: _____ E-Mail: _____

Telephone: _____ Fax: _____

Business Classification:(See enclosed list to determine) _____

I Was Referred By (Individual & Business Name): _____

Tag Line/Description (Use this space to write a 10-15 word tag line/description highlighting your company.

We will print this in our monthly newsletter and on our website.): _____

Individual Contact Information

Primary Representative: The Primary Representative will receive all Chamber correspondence and be listed in the Membership Directory.

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

Additional Representative (Please review investment guidelines – additional fee may apply)

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

Other Application Information

Additional Key Words (Please provide up to 12 key words to describe your business/specialty services i.e. "Shoes," "Sandwiches," "Therapy" NOT words such as "Effective," "Affordable," "Community." (Think of words customers would input into an internet search to find your business))

Volunteer Committee Opportunities

By volunteering to serve on a Chamber committee you have the opportunity to network and get more involved in your community. Note: Due to size limitations for Event Committees there may not be an open space. You will be contacted if the committee is currently full and will be added to a wait list.

Standing Committees/ Task Forces

____ Membership ____ Industry Council ____ Tourism
____ Retail Downtown ____ I-94 Business Alliance ____ Parking
____ Downtown Planning ____ Ambassadors (Must be member for 1 year)

Event Committees

____ Christmas Tour of Homes & Craft Sale-Decorating ____ Spirit of the St. Croix Days
____ Spring Showcase ____ Golf Tournament ____ Yellowstone Trail Heritage Days

Investment Information

Total Number of Full Time Equivalent Employees _____ **(Total hours worked per week / 40. Includes owners)**

Annual Investment Amount \$ _____ (See enclosed Investment Schedule)

Processing Fee (one time fee) \$ 40.00

Additional Representative Fee (\$25/person) \$ _____ (Additional representatives receive the newsletter, mailed invitations, and a directory)

Additional Business Categories (\$30/ea) \$ _____ Categories: _____

Total Investment \$ _____

Payable By: Check # _____ or Visa MasterCard Discover

Credit Card # _____ Exp: ____ / ____

Authorized Signature _____

Membership is payable in advance and is effective upon receipt. Investments may be deductible from Federal and State income tax returns as ordinary and necessary business expenses, not as charitable contributions.

Thank you for your Investment!