

Long Prairie Area Chamber of Commerce

Membership Application

Member Name: _____ Business Name : _____

PROFILE

Primary Address: _____

City: _____ State: _____ Zip: _____ County: _____

Billing Address: (if different from above) _____

Date of Business Start-up: _____

COMMUNICATION INFORMATION (Primary)

Phone 1: _____ Phone 2: _____ Mobile: _____ Fax: _____

Email: _____ Website URL: _____

Preferred Method of Communication: Email Phone Postal Mail

What is your Reason for Chamber Membership? _____

Membership Dues Investment

Number of Full Time Employees (FTE): Full Time _____ Part Time _____ Total FTE's _____ (one FTE = 40 hours)

Business Type: _____ Dues Amount: _____

Renewals to be Invoiced on: Annual Basis Semi-Annual Basis Quarterly Basis

I hereby apply for membership in the Long Prairie Area Chamber of Commerce and agree to pay the above listed sum. Membership is automatically renewable and remains in effect until terminated in writing.

Authorized Signature

Date

