



LONG PRAIRIE AREA CHAMBER OF COMMERCE
Small Business Consultant Membership Application

Member Name: _____ Business Name : _____

PROFILE

Primary Address: _____

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

Billing Address: (if different from above) _____

COMMUNICATION INFORMATION (Primary)

Phone 1: _____ Mobile: _____

Email: _____ Website URL: _____

Preferred Method of Communication: Email Phone Postal Mail

Membership Dues

Dues Amount: _____ (\$30.00 for the year or prorated \$2.50 per month)

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