

MEMBERSHIP APPLICATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

General Company Email: _____

Number of Employees: Full-time: _____ Part-time: _____

Business Category Listing (for Member Directory): _____

Primary Contact (Directory Listing /Publications/Email) Secondary Contact (Publications & Emails)

Name: _____ Name: _____

Title: _____ Title: _____

Business Email: _____ Business Email: _____

Business Description (15 -25 words): _____

What are your primary reasons for joining the Duluth Area Chamber of Commerce? This will help us to align your goals with membership resources.

- | | | |
|--|--|---|
| <input type="checkbox"/> Networking opportunities | <input type="checkbox"/> Access to media/press release routing | <input type="checkbox"/> Chamber publications |
| <input type="checkbox"/> Visibility/Referrals | <input type="checkbox"/> Educational opportunities | <input type="checkbox"/> Business resources |
| <input type="checkbox"/> Marketing my organization | <input type="checkbox"/> Leadership development | <input type="checkbox"/> Community updates |
| <input type="checkbox"/> Ribbon cutting | <input type="checkbox"/> Events | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Other: _____ | | |

Who referred you to the Duluth Area Chamber of Commerce? _____

Membership Investment

General Business: \$368 for up to 5 FT employees, \$10 per employee over 5 (3 PT = 1 FT)

Total Annual Dues: \$ _____

Enrollment Fee: \$ 30.00

Total Enclosed \$ _____

☐ Check Enclosed☐ Credit Card Information EnclosedCard Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Name on Card: _____

Card Number: _____

Exp Date: ____ / ____ Security Code: _____

Billing Zip Code: _____ Amount to Charge: _____

Signature: _____

Duluth Area Chamber of Commerce

5 W. First Street, Suite 101 | Duluth, MN 55802

218.722.5501 | inquiry@duluthchamber.com | www.duluthchamber.com