

# membership application



*Moving business forward.* ▶

## Business Info

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_ General Company Email: \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Business Start Date (mm/dd/yyyy): \_\_\_\_\_

Preferred Contact Method:  Email  Fax

Business Category Listing: (for Member Directory) \_\_\_\_\_

### Primary Contact (Directory Listing/Publications/Emails)

### Secondary Contact (Publications & Emails)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

**Yes! Keep me in the loop** (See attached for your email preferences)

Who referred you to the Duluth Area Chamber of Commerce? \_\_\_\_\_

What are your main reasons for joining the Duluth Area Chamber of Commerce?

\_\_\_\_\_  
\_\_\_\_\_

Business Description: 15-20 words, printed with New Member announcement in ChamberXPRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## membership investment

**General Business (GB):** \$347\* for up to 5 FT employees, \$9.60 per employee over 5 (3 PT = 1 FT)

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx
Name on Card: _____
Card Number: _____
Exp Date: ____/____ Security Code: _____
Billing Zip Code: _____ Amount to Charge: \$ _____
Signature: _____

Total Annual Dues: \$ \_\_\_\_\_

Enrollment Fee: \$30.00

Total Enclosed: \$ \_\_\_\_\_

Check Enclosed

Credit Card Information Provided