



Membership Application

Company Name: _____

Owner/President/Voting Representative: _____

Company Address: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

Primary Contact: _____ **E-mail:** _____

Additional Contact: _____ **E-mail:** _____

Billing Address: _____

Type of Business: _____

Describe your business (products, services). Information will be used for advertising purposes:

I am interested in having a **Chamber Ambassador/Board** visitation at my business: **Yes** **No**

I am interested in: **Volunteering** **Serving on a Committee** **Working on a Special Event**

I would like to receive the **Chamber Newsletter:** **by Mail** **by E-mail**

I would like my webpage **HYPERLINKED** with the Chamber's Website: **Yes** **No**

Full Time Employees: _____ **Part Time Employees:** _____ **Established:** ____/____/____

Annual Dues: \$ _____ **One-time membership application fee:** **\$25.00**

Signed: _____ **Date:** ____/____/____

For Office Use Only:

Annual Investment: \$ _____

____/____/____ thru ____/____/____

One time Administrative Fee: **\$25.00** _____

Total \$ _____

Date Received: ____/____/____ Amount \$ _____

To apply for Chamber Membership:

Fax: (701) 642-8745

Mail: Wahpeton Breckenridge Area
Chamber of Commerce
1505 11th St. N.
Wahpeton, ND 58075

On-Line: www.wahpetonbreckenridgechamber.com

Call: (701) 642-8744