



Wahpeton Breckenridge

CHAMBER OF COMMERCE

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

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

Signed: _____ Date: _____ / _____ / _____

For Office Use Only:

Annual Investment – 1 Location: \$ _____

_____/_____/_____ thru ____/____/_____

Additional Locations: \$ _____

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