

# LONG PRAIRIE AREA CHAMBER OF COMMERCE MEMBER APPLICATION



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

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

## Profile

Primary Address: \_\_\_\_\_

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

Billing Address: (if different from above) \_\_\_\_\_

Date of Business Start-up: \_\_\_\_\_

## Communication Information (Primary)

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website URL: \_\_\_\_\_

Preferred Method of Communication:  Email  Phone  Postal Mail

What is your Reason for Chamber Membership? \_\_\_\_\_

## Membership Dues Investment

Number of Full Time Employees (FTE): Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total FTE's \_\_\_\_\_ (one FTE = 40 hours)

Business Type: \_\_\_\_\_ Dues Amount: \_\_\_\_\_

*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

Questions?

Send to: 42 3rd Street North Long Prairie, MN 56347

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