



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name (exactly as it should appear in our printed materials): _____

Address (city, state and ZIP): _____

Main Rep: _____

Title/Position: _____

Phone Number: _____

E-mail: _____

Fax Number: _____

(Implies permission for Chamber to fax and email to this number and email address)

Website Address: _____

I'd like to help the Chamber cut costs by going "green" – I would prefer as much communication via email as possible!

BUSINESS INFORMATION

Number of FTE's _____

Number of PTE's _____

(3 PTE's = 1 FTE)

Business Classification: Category your company to be listed under in the "Yellow Pages" of the Chamber directory

Additional Reps:

Name: _____

Title: _____

Email: _____

Name: _____

Title: _____

Email: _____

Name: _____

Title: _____

Email: _____

Name: _____

Title: _____

Email: _____

PAYMENT INFORMATION

Annual Investment (see dues schedule on previous page): \$ _____

Payment method:

Cash \$ _____

Check # _____

Visa/Mastercard/AMEX # _____

CCID: _____

Exp. Date: _____

Billing Zip Code: _____

Signature:

By signing this document you are agreeing to your Richfield Chamber membership investment for one calendar year.

Print Name on Card: _____



Submit Your Membership Application

Please scan/email or postal mail the Membership application form along with payment to the Chamber Office:

Richfield Chamber of Commerce
6625 Lyndale Ave., S. Suite 440
Richfield, MN 55423

anne@richfieldmnchamber.org

We look forward to hearing from you!