

# Membership Application

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

Key Contact Person: \_\_\_\_\_

Key Contact's Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

# of Employees FT: \_\_\_\_\_ PT: \_\_\_\_\_

Referred by: \_\_\_\_\_

This business will accept Chamber Checks.                      Yes                      No

This business would like to receive the Alert Service.                      Yes                      No

## Business Categories

Please check which best describes your business category:

Agriculture	Organizations
Automotive	Professional
Construction	Radio/TV/Signs
Entertainment	Real Estate
Financial/Investment	Restaurants/Bars
Industry/Manufacturing	Retail
Insurance	Services
Motels/Resorts/Camping	Transportation
Newspaper/Yellow pages	Wholesale

Please indicate your interest in joining one of these chamber committees:

Agribusiness	GROW Faribault - MN
Ambassadors	Retail
Business Retention and Expansion	Seminars
Downtown Committee	Special Events
Education Task Force	Tourism
Expo	

Government Affairs

Annual Dues Investment: \_\_\_\_\_

Billing Preference:

Annual: \_\_\_\_\_ Semi Annual: \_\_\_\_\_

The undersigned make application for membership in the Faribault Area Chamber of Commerce and in consideration of the acceptance of this applications, agrees to pay a proportionate investment in advance.

*Membership shall remain in force unless cancelled in writing.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Chamber Representative

\_\_\_\_\_  
Date