

Faribault Area
CHAMBER OF COMMERCE
and Tourism

Membership Application

Join Date _____ # of FTE Employees _____

Company Name _____

Physical Address _____

Billing Address _____
(if different than above) _____



Building Together in 2010

Primary Phone _____ Fax _____

Website Address _____ Business Email _____

Key Contact _____ **Title** _____

Email _____ **Phone** _____

Business Description _____

Accept Chamber Checks

Alert Service

I agree to pay the Total Dues amount of \$ _____

- Annually
- Semi-Annually
- Quarterly

Membership begins when first payment is received – extending for one calendar year to automatic renewal. Chamber membership is tax deductible as a business expense
Membership is considered continuous and will be cancelled only with written notice

Payment: Check VISA/MC \$ _____

Authorized Signature _____

