

ROCHESTER AREA

CHAMBER OF COMMERCE

Membership Application

Company Name _____ Date _____

Type of Business _____

Business Description _____

Number of Employees: FT _____ PT _____ Year Established _____

Mailing Address _____ Suite _____ Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-Mail Address _____ Prefer Contact Via: Fax E-mail

Website _____ Prefer Newsletter Via: USPS E-mail

Billing Address _____ Billing Contact _____

City _____ State _____ Zip Code _____

Name of Contact (Mr. or Ms.) _____ Title _____

Other employees interested in Chamber information/activities:

Additional Representative _____ Email _____

Additional Representative _____ Email _____

Additional Representative _____ Email _____

Your Membership Interests:

Marketing/Sponsorship Opportunities Business Seminars/Workshops Networking Events

Legislative Advocacy Issues:

Economic Development Energy Health Care Transportation
 Education Fiscal Policy Housing Other _____

Signature _____

Method of Payment Check Credit Card

Name _____ CC # _____ Exp _____ Sec _____

Membership Investment \$ _____

Processing Fee \$ _____ +30.00 (one time)

Total Investment \$ _____

Return Original and Payment to: Rochester Area Chamber of Commerce, 220 S. Broadway, Ste. 100, Rochester, MN 55904
Phone: 507.288.1122 Fax: 507.282.8960

A portion of your investment may be tax deductible as an ordinary business expense. Federal Tax ID #: 41-0506950.

For Office Use Only: ID # _____ Business Codes _____ USCC Code _____ Join Date _____

A S Q M

CA FM WB WL VF MOP