

Membership Application



Return to: Litchfield Chamber of Commerce, 219 Sibley Avenue North, Litchfield MN 55355

Fax: (320) 593-8184 or email litch@litch.com

Member Information-----

Company Name

Business Phone Fax Toll Free Phone

Physical Address City ZIP

General Email Website

Mailing Address (if different from above) City ZIP

Billing Address (if different from above) City ZIP

Billing Contact (if different from Primary Representative)

Business Information-----

Primary product/service # of Full-time Employees # of Part-time Employees

Business Description for www.litch.com Business Directory (20 words or less)

Hours of Operation

Keywords or Phrases for website search

Directions to Business (i.e. 3 blocks north of Highway 12 on Technology Drive) (15 words or less)

Member-to-Member Benefits-----

Member-to-Member benefits are special offers you may choose to provide to other Chamber member businesses and/or their employees. Your offer should be a value not available to the general public. Your offer may be a discount, free or reduced cost products, or dollar/percentage discount. Would you like to offer a Member-to-Member benefit? () Yes () No

If yes, please list offer for posting on website: _____

Membership Dues Investment Information-----

Refer to the Chamber Membership Benefits for your 2010 dues investment.

Dues Category (circle one):

6 Star: \$1,162.00

5 Star: \$ 775.00

4 Star: \$ 581.00

3 Star: \$ 387.00

2 Star: \$ 290.00

1 Star: \$ 194.00

Payment Method: () Check () Credit/Debit Card (Mastercard or VISA)

Card Number

Expiration Date

Name as it appears on card

Representative Information-----

Primary Representative	Title	Phone	Email
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Additional Representatives

Name	Title	Phone	Email
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Name	Title	Phone	Email
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Name	Title	Phone	Email
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Name	Title	Phone	Email
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Name	Title	Phone	Email
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Notes/Comments: _____

Authorized Signature : _____ **Date:** _____