

# Member Information Sheet

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Primary Rep Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Billing Rep Name** \_\_\_\_\_

**Email** \_\_\_\_\_

## Membership Dues

Corporate Membership \$1500

Enhanced Membership \$500

Community/Non-profit \$150

Premium Membership \$750

Basic Membership \$250

Chamber Supporter \$75

## Add-on Ala Carte options

Check all that your business may be interested in

\_\_\_\_\_ Mailing Labels

\_\_\_\_\_ Additional Hot Deal Cards

\_\_\_\_\_ Additional Listings

\_\_\_\_\_ Chamber Chat

\_\_\_\_\_ E-News Brief Sponsor

\_\_\_\_\_ Website Link

## Scholarship

Our business would like to support the scholarship program with the following donation.

\_\_\_\_\_ \$100

\_\_\_\_\_ \$75

\_\_\_\_\_ \$50

## Sponsorships

Our business would be interested in the following sponsorship opportunities.

\_\_\_\_\_ Grow MN Partner

\_\_\_\_\_ State of Manufacturing Roundtable

\_\_\_\_\_ Affordable Care Act

\_\_\_\_\_ Business Leaders Breakfast

\_\_\_\_\_ Resource Guide Sponsor

\_\_\_\_\_ Annual Bash

\_\_\_\_\_ Business Showcase

\_\_\_\_\_ Golf Scramble Title Sponsor

\_\_\_\_\_ Golf Hole Sponsor

\_\_\_\_\_ Business Spotlight *Month's your business would like* \_\_\_\_\_

## Payment Options

\_\_\_\_\_ We would like to be invoiced

\_\_\_\_\_ We would like to pay with credit card

## Office Use

Dues \_\_\_\_\_ Add On \_\_\_\_\_ Scholarship \_\_\_\_\_ Sponsorships \_\_\_\_\_

Total to be invoiced \_\_\_\_\_ Month of Invoice \_\_\_\_\_