



Membership Application

Return to: The Chamber serving the Meeker County Area, 219 Sibley Avenue North, Litchfield MN 55355
Can be returned by mail or email judy@litch.com

Member Information

Company Name

Business Phone

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)

Membership Dues Investment Information

Dues Category:

_____ Chamber Supporter - \$100

_____ Non Profit - \$180

_____ Business Basic - \$335

_____ Business Basic PLUS - \$465

_____ Business Enhanced - \$620

_____ Business Premium - \$875

_____ Business Corporate - \$1650

I would like to add \$50 \$75 \$100 (Check One) for the Chamber Scholarship program

Payment Information

Payment Method: Invoice # _____ Credit/Debit Card: Mastercard VISA

Card Number

Expiration Date

3 digit code

Name as it appears on card

Zip code of billing address

Email to send receipt

Representative Information

Primary Representative Title Phone Email

Additional Representatives

Name Title Phone Email

Name Title Phone Email

Name Title Phone Email

Name Title Phone Email

Name Title Phone Email

Notes/Comments: _____

Authorized Signature : _____ **Date:** _____