

Today's Date _____

Membership Application



The undersigned hereby makes an application for membership in the Brainerd Lakes Chamber. Application processing fee for membership is \$25.

Return to: Brainerd Lakes Chamber, PO Box 356, Brainerd MN 56401 (218) 822-7121

Connect. Lead. Grow.

Member Information

Company Name

Business Phone

Toll Free Phone

Fax

Physical Address

City

State

Zip

General E-mail

Web site

Mailing Address (if different from above)

City

State

Zip

Billing Address (if different from above)

City

State

Zip

Category

Number of Full-time Employees

Number of Part-time Employee

(see attached sheet for a complete list of business category options, additional categories are available for \$35 each)

Company Representatives

Primary

Name

Title

Address

City

State

Zip

Work Phone

E-mail

Contact

Secondary (if different from Primary)

Name

Title

Address

City

State

Zip

Work Phone

E-mail

Contact Via

Other Information

Description (20 words or less)

Hours of Operation

Keywords or Phrases

Business Location

(ie 3 miles north of HWY 210 on HWY 371) (15 words or less)

OVER

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 must be expressed in a dollar amount or percentage, with equivalent dollar value (when appropriate). Would you like to offer a Member-to-Member benefit? Y___ N___

If yes, please list offer (and value): _____

Applicable to all employees? Y___ N___ Applicable only to company owners/managers? Y___ N___

Chamber Bucks

Yes, I would like more info _____ No, I am not interested _____ (See attached form)

Referral

Were you referred to the Chamber by another member? Y___ N___

If yes, please list by whom: _____

Lodging Members Only

Lodging/hospitality members

of units: _____ # of campsites: _____

Do you have dining facilities? ___ Y ___ N

Do you have a bar? ___ Y ___ N

Investment Information

Refer to the Investment Guidelines for more information.

Annual Investment: \$ _____

Add'l categories (@\$35 ea): \$ _____

Application Processing Fee: \$ 25.00

Other: \$ _____

Total \$ _____

Investment Payment Method

___ Check # _____ Amount _____

___ Credit card ___ Mastercard ___ Visa

Phone order taken by _____

Card Number _____ Authorization Code _____

Expiration Date _____ Authorized Signature _____

___ ACH ___ Monthly ___ Quarterly ___ Annually

Amount _____ Authorized Signature _____

Member Intent

Authorized Signature _____

Date _____

For office use only:	<input type="checkbox"/> Category	<input type="checkbox"/> Print Profiles	<input type="checkbox"/> Receives Newsletter
<input type="checkbox"/> Main Page	<input type="checkbox"/> Keywords	<input type="checkbox"/> Reps	<input type="checkbox"/> Receives Enewsletter
<input type="checkbox"/> Web site	<input type="checkbox"/> Locations	<input type="checkbox"/> AWV & Date Scheduled _____	<input type="checkbox"/> Letter for Board
<input type="checkbox"/> Payment	<input type="checkbox"/> QuickBooks		<input type="checkbox"/> Decal/directory/TY sent