

Membership Application

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



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)

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)

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