

MEMBERSHIP APPLICATION

MAIL/FAX/EMAIL Completed Application&Payment to:
Cambridge Area Chamber of Commerce

PO Box343/Cambridge, MN 55008/Fax 763-552-2505

Business/OrganizationName: _____

Contactperson(Primary): _____

EmailAddress: _____

Contactperson(Secondary): _____

EmailAddress: _____

(The Chamber's primary form of communication for notices and weekly news is via email. Email addresses are not shared and used only for Chamber communications.)

MailingAddress: _____

City/State/Zip: _____

PhysicalAddress: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Business/Organization Web SiteAddress: _____

Primary BusinessCategory: _____

Number of Employees: ____FT ____PT = ____FTE

Calculated Annual Investment&InitialPayment: \$_____

Please apply to my Visa or MasterCard:

Account# _____ Exp.Date: _____

Billing Zip Code: _____

CardholderSignature: _____



Annual Membership Dues Investment Schedule

#FTE Employees (Full Time Equivalent)	
0 -1	\$235
2 -5	\$300
6 -10	\$355
11-20	\$426
21-40	\$465
41-70	\$562
71-100	\$700
101-130	\$847
131-160	\$994
161-200	\$1136
201-250	\$1283
251-300	\$1420
301-350	\$1554
351-400	\$1687
401-425	\$1819
426 & up	Contact Chamber Effective 8-1-06

NOTE:

- Members may choose Quarterly FlexPay with credit card payment only.
- Auto payments will continue until Chamber is notified in writing by cardholder. One Year minimum commitment. Chamber Fiscal Year 8/1-7/31.
- 2ndYear of Annual pay Memberships will be prorated based on Chamber's Fiscal Year8/1-7/31. Membership Investmentinvoices are sent annually in July.
- Chamber Membership Dues are deductible as a reasonable&ordinary business expense. Consult your accountant.