



MEMBERSHIP APPLICATION

2000 Schafer Street ♦ PO Box 2639 ♦ Bismarck, ND 58502

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1. MEMBER INFORMATION

BUSINESS NAME: _____

CONTACT PERSON: _____ TITLE _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEB SITE ADDRESS _____

(If there are other contacts in your organization that would be interested in the programs and benefits of the ND Chamber, please list them on the back of this application or attach another sheet.)

2. BUSINESS PROFILE

NUMBER OF EMPLOYEES: _____ FULL TIME: _____ PART TIME: _____

TYPE OF ORGANIZATION:(Check one):

- Association Cooperative Corporation Education Government
 Partnership Proprietor Self-employed Other

BUSINESS DESCRIPTION: _____

IN BUSINESS SINCE (Date): _____

3. MEMBERSHIP CATEGORIES

Annual Investment Amount

General Membership Investment \$325 + \$6.00 per full-time equivalent employee \$ _____

4. PAYMENT INFORMATION (Check One):

- CHECK INVOICE MasterCard VISA

Credit card number _____ Expiration Date: _____ CVV# _____

MEMBER SIGNATURE _____ TITLE: _____ DATE: _____