

GREATER STILLWATER CHAMBER OF COMMERCE

Membership Application

Representing Bayport, Lake Elmo, Oak Park Heights & Stillwater

106 South Main Street, Stillwater, Minnesota 55082 • www.ilovestillwater.com

Phone: 651-439-4001 • Fax: 651-439-4035

Business Name: _____

Preferred Contact Person: _____

Position/Title: _____

Physical Address: _____

City/State/Zip: _____

Phone: _____ Mobile: _____

Fax: _____ Toll Free: _____

Web Site Address: _____

E-mail: _____

Mailing/Billing Information (if different from above):

Contact: _____

Address/City/State/ZIP: _____

All GSCC members are responsible for updating their contact and business information as needed.

Please select your primary business category:

- | | |
|--|---|
| <input type="checkbox"/> Art/Entertainment/Sports/Events | <input type="checkbox"/> Manufacturing/Research & Development |
| <input type="checkbox"/> Banks/Credit Unions/Lenders | <input type="checkbox"/> Medical/Health/Wellness |
| <input type="checkbox"/> Construction/Remodeling/Landscaping | <input type="checkbox"/> Business Services & Support |
| <input type="checkbox"/> Non-Profit/Government/Utilities | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Personal Services | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Publishing/Newspapers/Magazines | <input type="checkbox"/> Food/Restaurant |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> High Tech/Computers/Telecommunications |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Transportation/Travel |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Lodging | |

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Hours of Business

Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____ Sat: _____

Sun: _____

Additional locations: _____

Is your business: (check all that apply) Tourism-Related Home-Based Woman-Owned Minority-Owned

What year did your business open? _____ Do you offer on-line shopping? Yes No

Why are you joining the Chamber?

- Business advocacy with local, state and federal government and other agencies.
- Professional development programs, events and seminars/Networking
- Promotional opportunities/Referral services
- Support community spirit/Civic responsibility
- Other (please specify) _____

Were you referred by anyone? Yes No If yes, whom? _____

Annual Dues

- The Chamber’s dues structure is based on a business’s number of full-time equivalent employees.
- Full-time employees equal “1” and part-time employees equal “.5”.
- In subsequent years, dues payments will be payable on the 1st day of the month you joined the Chamber.

Full-Time Employee Equivalent	Annual Dues	Full-Time Employee Equivalent	Annual Dues
1 to 5	\$189	51-99	\$780
6 to 10	\$299	100+	\$7/emp
11 to 15	\$350	Individual/Retired Person	\$135
16 to 20	\$460	Non-Profit Organization	\$135
21 to 25	\$565	Government/School/Hospital	\$675
26 to 50	\$675		

Enhanced Web Listing (Optional) \$50

Includes basic web package, plus:

- *Enhanced business description, featuring logo, photos, 5 bullet points, and add'l 1400 characters of text*
- *Logo/photo and summary text in search results*
- *12 additional searchable keywords*
- *Mapping service (Google Maps, MapQuest, etc)*

Dues Total & Payment Methods

Membership Dues, <i>See above</i>	\$ _____
Enhanced Web Package, \$50	\$ _____
TOTAL	\$ _____

Check – Please make payable to “Greater Stillwater Chamber of Commerce”

or

Credit Card - Visa or MasterCard (circle one)

Cardholder’s Name: _____

Card Number: _____

Expiration Date: _____

- Yes, please auto-renew membership annually using credit card listed above. Cancellation of membership must be received in writing prior to membership invoice due date.

Web Site Information

Business Description (200 characters, basic): _____

Hours of Operation Description (100 characters, basic): _____

Driving Directions (200 characters, basic): _____

Search Keywords (30 characters max per keyword, basic):

Enhanced web packages are available. Please ask Chamber Staff for details.

Additional Employee Representatives

Unlimited additional representatives are included with your Chamber membership. All representatives will receive Chamber information and updates.

Name: _____

Position/Title: _____

Phone: _____ Mobile: _____

E-mail: _____

Name: _____

Position/Title: _____

Phone: _____ Mobile: _____

E-mail: _____

Name: _____

Position/Title: _____

Phone: _____ Mobile: _____

E-mail: _____

Name: _____

Position/Title: _____

Phone: _____ Mobile: _____

E-mail: _____

Name: _____

Position/Title: _____

Phone: _____ Mobile: _____

E-mail: _____

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Signature of Applicant

As a member of the Greater Stillwater Chamber of Commerce, the business listed above agrees to abide by the by-laws, policies and procedures established by the Board of Directors.

Signature of Applicant: _____ Date: _____

For Office Use Only:

AT	DPP	JS
CM _____	WTY _____	MTYC _____
QB _____	Amb WB _____	NMO _____
OL _____		
Dymo _____		
NMF _____		