

GREATER STILLWATER CHAMBER OF COMMERCE

Membership Application

1950 Northwestern Avenue, Suite 101, Stillwater, MN 55082
www.ilovestillwater.com • 651-439-4001 • Fax: 651-439-4035

Business Name: _____

Primary Contact Person: _____

Position/Title: _____

Physical Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Fax: _____ Toll Free: _____

Web Site Address: _____

E-mail: _____

Mailing/Billing Information (if different from above):

Contact/Title: _____

Address/City/State/ZIP: _____

Members are responsible for updating their contact and business information.

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: _____

Additional locations: _____

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

When did your business open? _____

Why are you joining the Chamber?

- € Business Advocacy with local, state and federal government and other agencies.
- € Professional development programs, events and seminars
- € Networking Opportunities
- € Civic responsibility
- € Marketing Tools
- € Economic Development
- € Promotion/Referral services
- € 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 FTE (full-time equivalent) employees where full time employees equal "1" and part-time employees equal ".5".
- Dues are prorated to either January 1 or July 1, whichever is closest to one year from your join date. The Chamber will help you calculate your initial dues payment based on the following schedule. ***Please contact us for your prorated dues amount.***

<u>Full Time Equiv Employees</u>	<u>Tier</u>	<u>Annual Dues</u>
Up to 5	Entrepreneur	\$237
6 - 15	Partnership	\$360
16 - 25	Investor	\$525
26 - 99	Premier	\$750
100+	Legacy	\$7 per employee
Individual/Retired Person		\$145
Non-Profit Organization		\$145
Government/School/Hospital		\$685

Enhanced Web Listing (Optional) \$50

Make a great first impression with an enhanced business profile page. Enhanced web includes the ability to upload your logo, photos, 5 bullet points, 30 searchable keywords, and 1200 characters to describe your business.

Prorated Dues Amount, (*See above*) \$ _____

Optional Enhanced Web Package, \$50 \$ _____

TOTAL \$ _____

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

Credit Card - Visa or MasterCard (circle one)

Cardholder's Name: _____

Card Number _____ Expiration 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):

Additional Employee Representatives

Anyone on your staff is included with your membership and may be added as additional representatives. All representatives who's emails you include here will receive ChamberNews for 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: _____

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:

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