

Shakopee Area Chamber of Commerce Membership Application

Please list all information as you want it to appear in Chamber publications and records.

Business Name: _____

Primary Contact Person: _____ Title: _____

Address: _____ PO Box (if applicable): _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Extension (if applicable): _____ Fax: (_____) _____

Website: _____ E-Mail Address: _____

Would you like us to create a link from our website (www.shakopee.org) to yours? Yes No

Preferred method by which to receive communications from the Chamber: Mail Fax E-Mail

Membership Classification: _____ Business Description: _____

Additional Contacts To Receive Chamber Communications:

Name: _____ Address: _____

Phone: (_____) _____ Fax: (_____) _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: (_____) _____ Fax: (_____) _____ E-Mail Address: _____

Name: _____ Address: _____

Phone: (_____) _____ Fax: (_____) _____ E-Mail Address: _____

Credit Card Payment

Please check one: Visa MasterCard

Credit Card # _____

Expiration Date _____

V Code _____

Signature _____

NUMBER OF EMPLOYEES

Part-Time _____ = Full-Time Equivalent _____

(Two part-time employees – 25 hours or less – equal one full-time employee.)

Full-Time _____

TOTAL _____

Annual Investment: \$ _____

One-Time Processing Fee: \$ **15.00**

Total Due: \$ _____

Signature: _____ Date: _____

Please submit with payment to:



Shakopee Area Chamber of Commerce
1801 East County Road 101 – PO Box 717, Shakopee, MN 55379-0717
Phone: 952-445-1660 Fax: 952-445-1669 Toll Free: 800-574-2150
Web Site: www.shakopee.org E-Mail: chamber@shakopee.org