

Alexandria Lakes Area Chamber of Commerce Membership Application

Business/Organization Name: _____

Check address to be published. If none check here Company Wide Employee Count: _____

Billing Address: _____

Mailing Address: _____

Physical Address: _____

Reason for joining: Marketing Networking Education Advocacy Credibility Other

New business/new business to Alexandria area? Yes No

Phone: (Published) _____ Mobile: _____

Website: (Published) _____ Email: (Published) _____

Main Contact: (Published)

Name: _____

Title: _____

Email: _____

(list any additional contacts on back – not published)

Billing Contact: (Not Published)

Name: _____

Title: _____

Email: _____

Phone: _____

Category Listings: (See Membership Category Listings in the membership packet. Select up to three to be published in print directory. Check which listing is to be your primary. Note any additional website listings in open space to the right.)

- _____
- _____
- _____

Is your organization a nonprofit? Yes No 501(c)(3) nonprofit? Yes No

Would you like to accept Chamber Bucks at your business? Yes No

Would you like to display your marketing materials in the Visitor & Resource Center? Yes No

Membership Investment Computation

of LOCAL Full Time Equivalent (FTE) employees: _____

Annual Dues Amount: \$ _____

Set Up Fee - \$25 (waived for ACH & nonprofits): \$ _____

Optional: Add Hyperlink to Online Listing: Yes No

If yes, add \$60 (waived for partner & nonprofit members): \$ _____

Total Due: \$ _____

Fill out attached form to set up ACH processing.
Contact the Chamber office for other payment options.

PLEASE NOTE:

- * Multi-business discount of \$85 on each additional membership (renewals must occur same month).
- * Membership is annually renewed and in effect until terminated.
- * Dues are not tax deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses.
- * Some insurance companies offer discounts for Chamber membership. Check with your provider!

Membership dues may be paid annually, quarterly, or monthly. Please check your preference below:

Annually Quarterly (ACH payments only) Monthly (ACH payments only)

Authorized Signature

Date

I hereby apply for membership to the Alexandria Lakes Area Chamber of Commerce, for which I agree to pay the above annual sum. Membership is automatically renewable and remains in effect until terminated. If I choose to terminate membership prior to the annual renewal date, I understand no refund will be issued and any balance due must still be paid.



DIRECT DEBIT

Alexandria Lakes Area Chamber of Commerce offers an automatic payment plan. The payment will be deducted from your account on the 1st of each month or the following business day. If choosing to cancel, a 15 day written notice is required.

EASY TO START

By filling out the form to the right, I authorize the Alexandria Lakes Area Chamber of Commerce to initiate electronic debit entries from my account, and if necessary, credit entries and adjustments for any debit entries in error each month to me.

Once completed, return to the Chamber office. If you have any questions, call (320) 763-3161 or email membership@alexandriamn.org.

DIRECT DEBIT AUTHORIZATION
Please fill out and return to
Alexandria Chamber of Commerce office
206 Broadway St., Alexandria, MN 56308

Annually Quarterly Monthly

Account Information:

Name on Bank Account

Bank Name

Routing #

Account #

Checking Business Checking Savings

Billing Information:

First & Last Name

Company

Address

City, State, ZIP Code

Country

Phone

Email

Signature

Date