



## Bemidji Area Chamber of Commerce

300 Bemidji Avenue PO Box 850 Bemidji, MN 56619-0850

(218) 444-3541 or (800) 458-2223

Fax: (218) 444-4276 Website: [www.bemidji.org](http://www.bemidji.org)

### New Member Application

\* = Required Field

\*Name of Business: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_

\*Physical Location: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City/State: \_\_\_\_\_ \*Zip Code + \*4 digits: \_\_\_\_\_

\*County: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Please fill in the following 3 sections for your listing on [www.bemidji.org](http://www.bemidji.org):

\*Brief Description of your business (200 characters / 30 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Choose up to 6 separate "key words" to describe your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*General Business Category: \_\_\_\_\_

\*# Of Full Time Equivalent Employees: \_\_\_\_\_ Dues Investment: \_\_\_\_\_  
2nd Business Investment: \$130 (circle if app)

\*Investor Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Name, Mailing Address and Email of additional recipient of Monthly Chamber Report (up to 2):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:

Please Invoice for \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Information: # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Rev. 10/06

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