



Membership Application

YES, I want to help build a better Havre and help my business grow and prosper and be a part of the largest business organization in the area. Please include me as a member of the Havre Area Chamber of Commerce beginning _____ 20__ at an annual rate of \$ _____ (see investment chart following to determine annual rate).

Company Name: _____ Corporate Name (if different) _____

Date Business established in Havre _____

Address: Physical _____ Mailing _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website _____

Primary Contact Person _____ Title _____

No. of Employees: _____

Who else in your organization should receive our mailings? _____

Business Category:

____ Retail ____ Professional ____ Restaurant/Tavern ____ Financial ____ Service

____ Agribusiness ____ Wholesale/Distributor ____ Hotel/Motel/Campground/Accommodations ____ Corporate

____ Education ____ Individual ____ Other

Yes! I want to join the Chamber. My membership investment of \$ _____ is enclosed with my contract. .

My check is enclosed.

Please charge my ____ Visa ____ MasterCard *3% fee applies to CC transactions

Card Number _____ Exp. Date _____ 3 digit code _____ Zip Code _____

Print Name _____ Signature _____

To determine your investment: The investment (dues) schedule is based on the # of employees including business owner, associates, brokers/agents associated with named business.

1	\$165.00	Investment schedule for	\$ 85.00
2-5	\$205.00	additional business	\$135.00
6-10	\$245.00	with same owner	\$175.00
11-15	\$325.00		\$255.00
16-20	\$510.00		\$440.00
21-plus	\$640.00		\$570.00
Individuals	\$110.00		

Civic/Service groups & Non-profit \$115.00

NOTE: Dues paid to the Chamber are tax deductible as an ordinary and necessary business expense. It is not deductible as a charitable contribution.

Signature _____

Date _____