

MEMBERSHIP APPLICATION

Dickinson Area Chamber of Commerce
 314 3rd Ave. W., P.O. Box C
 Dickinson, ND 58601
 Telephone: (701)225-5115 Fax: (701)225-5116

Date: _____

The undersigned hereby makes an application for voting membership in the **Dickinson Area Chamber Of Commerce** and agrees to pay the sum of \$ _____. A one time processing fee of \$25.00 will also be charged to all new and reinstated members.

FIRM _____ PHONE _____ FAX _____
 CONTACT _____
 ADDRESS _____
 NEW MEMBER SIGNATURE _____
 E-MAIL _____ WEBSITE _____

Membership investments in the DICKINSON AREA CHAMBER OF COMMERCE may be tax deductible as an ordinary and necessary business expense. Investments paid to the Chamber are not a charitable tax deduction for Federal Income Tax purposes. *The Chamber is not a charity, but serves as an advocate organization for business in our area.*

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QTY.	INVESTMENT SCHEDULE	RATE	
	base membership investment	\$225.	
	subsidiary membership investment(s)	85.	
	F/T employee(s)	6.	
	P/T employee(s)	3.	
OTHER - Bank , \$20 per Million year end deposits Base Plus: Hotel , \$50 each restaurant/bar/ounge Publisher , .10 per subscription Professional , \$25 per licensed personnel Individual , \$125 only Seasonal, Farm/Ranch, Church , \$125 only			

ANNUAL INVESTMENT SUBTOTAL _____
PROCESSING FEE \$25.00
 TOTAL QUOTE _____

Billing Start Date: _____

Billing Frequency:

(administrative fee added for semi-annual or quarterly billing periods)

_____ Annual _____ Semi-Annual _____ Quarterly
 (add \$10 annually) (add \$20 annually)

By signing this Application/Quote Sheet, I wish to be considered for membership in the Dickinson Area Chamber of Commerce.

Representative: _____

Title: _____

Investment Enclosed
 or
 Bill Me

**THANK YOU FOR YOUR INVESTMENT
 IN THE COMMUNITY!!**

Chamber Representative: _____

Date: _____

INVOICE SENT ___/___/___
 PAYMENT RECEIVED ___/___/___
 PLAQUE/TAB DELIVERED ___/___/___