



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 _____ 2016 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 Corporate Education
 Individual Other

Payment/Billing Choice: Monthly Quarterly Semi-Annual Annual

Signature _____ Date _____

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

Card Number _____ Exp. Date _____

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