



## DCR Membership Application

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Main Rep.: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

*(Implies permission for Chamber to fax and email to this number and email address.)*

Web Site Address: \_\_\_\_\_

Company Twitter Handle (if applicable): \_\_\_\_\_

Company Facebook Name (If applicable): \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (3 PT = 1 FT)

**Business Classification:** Category your company to be listed under in the "Yellow Pages" of the Chamber Directory.

### Additional Representatives:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Annual Investment:** (See Dues Schedule) \_\_\_\_\_

**\*\*One Time New Member Processing Fee: \$25**

**\*\*2nd location fee: additional \$100.00**

**Total Investment:** \_\_\_\_\_

Cash \_\_\_\_\_ Check Number: \_\_\_\_\_

### Payment

#### Method:

Visa/Mastercard/AMEX

#: \_\_\_\_\_ Security Code: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### Employees

### Investment

1-5	\$350
6-10	\$400
11-15	\$475
16-25	\$550
26-50	\$725
51-100	\$950
101-200	\$1,500
201-500	\$1,500 + \$1 per employee
501-1,000	\$2,000 + \$.75 per employee
1,000+	\$2,500 + \$.50 per employee

**Signature:** \_\_\_\_\_

*By signing this document you are agreeing to your investment for one fiscal year.*

**Print Name on Card:** \_\_\_\_\_

### Please return this application to Kate:

By fax: 651-452-8978 By Email: [kbowen@dcrchamber.com](mailto:kbowen@dcrchamber.com)

By Mail: DCR Chamber, 1121 Town Centre Drive, Suite 102, Eagan, MN 55123