

# MEMBERSHIP APPLICATION

Complete this form to join the Twin Cities North Chamber of Commerce ...

## Company Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Business Category: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
(Yellow Page Listing) (Name of individual / firm referring you to TCNC.)

## Company Contacts

Main: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Receive:  Results Newsletter  Email Updates  Directories & Magazine  All

Other: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Receive:  Results Newsletter  Email Updates  Directories & Magazine  All

Other: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Receive:  Results Newsletter  Email Updates  Directories & Magazine  All

## Method of Payment

Membership Package Investment Amount: \_\_\_\_\_

One time processing fee: \_\_\_\_\_ \$25

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

*\*Be sure to fill out Sponsorship Form with available sponsorship credit\**

Check payable to: Twin Cities North Chamber of Commerce

OR

Pay with Credit Card (AmEx / Disc / MC / Visa)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID # on Back of Card: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Signature on Card: \_\_\_\_\_

Yearly Investment Schedule	
Membership Package	Investment Amount
Basic I	\$205
Basic II	\$465
Basic Plus	\$720
Classic I	\$1,290
Classic II	\$1,800
Classic Plus	\$2,575
Executive	\$3,600
Premier	\$5,150
Platinum	\$10,000

\*There is a one-time \$25 processing fee for new applicants.