

Rockford-Greenfield Area Chamber of Commerce Membership Application

Business Name: _____ Date: _____

Primary Contact Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Contact: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Business Fax: _____

Business E-mail: _____

Web Site: _____

Contact Preference: (circle) E-mail Phone Mail Fax

Number of Employees: _____

Full-time: _____ Part-time _____

Business Description (200 Character maximum)

Hours of Operation: _____

Days of Operation: _____

Membership: Full includes voting privileges and link on Chamber's web site. \$100
Associate/Individual includes name on Chamber web site. No voting privileges
\$50.

*Please include payment with application form and submit to Rockford-Greenfield
Area Chamber of Commerce, 6031 Main St., Rockford MN 55373*