

## OF COMMERCE 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. F	Please include me as a me t an annual rate of \$	ember of the Havre	Area Chamber of Comr	merce beginning
	Corporate Name (if different)			
	d in Havre			
ddress: Physical Mailing				
City, State, Zip:				······································
	Fax: _			
E-mail:		Website		
Primary Contact Person _	Title			
No. of Employees:				
Who else in your organiza	ation should receive our m	ailings?		
Business Category:				
Retail	_ProfessionalRest	taurant/Tavern	Financial	Service
Agribusiness	Wholesale/Distributor _ Other	Hotel/Motel/	CampgroundCorp	orateEducation
Payment/Billing Choice:	:Monthly	Quarterly	Semi-Annual	Annual
_				
My check is end	amber. My membership inv closed. myVisaM		is enclosed with	my contract
Card Number			Exp. Date	
Print Name		_Signature		
	stment: The investment (des/agents associated with r			· ·
1 home based	\$165.00		Investment schedule for additional business	
2-5 10. 15. 16-20	\$205.00 \$245.00 \$325.00 \$510.00		with same owner	\$135.00 \$175.00 \$255.00 \$440.00
21-plus Individuals Civic/Service groups & No	\$640.00 \$110.00 on-profit \$115.00			\$570.00

NOTE: Dues paid to the Chamber are tax deductible as an ordinary and necessary business expense. It is not deductible as a charitable contribution.