



CHAMBER MEMBERSHIP 2022 REGISTRATION FORM

Please fill in this form and return it to the Chamber Office by emailing it to tourism@cannonfalls.org or send to 103 N 4th Street, Cannon Falls, MN 55009 with your payment. Please request invoice or receipt if needed.

I hereby apply for 2022 membership in the Cannon Falls Area Chamber of Commerce:

Today's Date: _____ Date Business Established in Cannon Falls Area _____

Based upon the guidelines on the Membership Fees form, my membership category is: _____
(See the Membership Fees form for the complete list of 2022 Membership Categories.)

Membership Dues Enclosed: \$ _____ # of Employees: _____ FT _____ PT _____

Company Name: _____ Web Address: _____

Primary Company Contact: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Business Phone #: _____

Facebook URL: _____ Mobile Phone #: _____

Instagram _____ LinkedIn URL: _____

_____	_____	_____	_____
Billing Company Representative	Title	Phone	Email

_____	_____	_____	_____
Additional Company Representative	Title	Phone	Email

Signature: _____ Date: _____

Business Description for E-Newsletter and Chamber Web Page: (if more space is needed, please attach separate sheet to application.)

Chamber Monthly Meeting Topic Suggestion(s): _____

Contact info for suggested topic(s): _____

Yes, I want to volunteer for a Chamber Committee. Let me know what opportunities are available.