



CHAMBER MEMBERSHIP Application Form

Please fill in this form and return it to the Chamber Office by emailing it to tourism@cannonfalls.org or send to PO Box 2, Cannon Falls, MN 55009 with your payment. Please request invoice or receipt if needed.

I hereby apply for 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 Investment form, my membership category is: _____
(See the Membership Investment form for the complete list of 2024 Membership Categories.)

Membership Investment 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
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Additional Company Representative	Title	Phone	Email
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Signature: _____ Date: _____

Business Description for Chamber Webpage Business Directory Listing: (please attach separate sheet if more space is needed.)

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

If referred by another Chamber Member, please share their name here _____