



Please fill out the owner/manager contact information below, as well as the **business profile on the second page**.

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Mailing Address: _____

City: _____ Zip Code: _____

Would you like email reminders for events? YES NO

What other services would you like to see the Chamber offer?

Membership Dues:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Corporate Level Membership (Financial Institutions, Mining, Utilities Hospitals): | \$250.00 |
| <input type="checkbox"/> | Business Level Membership (Restaurants, Retail, Service, Construction): | \$150.00 |
| <input type="checkbox"/> | Not-For-Profit: | \$50.00 |
| <input type="checkbox"/> | Home-Based Business Membership: | \$50.00 |
| <input type="checkbox"/> | Individual Membership (Non-Business): (No access to business advertising opportunities) | \$25.00 |

Please mail checks to:
Box Elder Area Chamber of Commerce
PO Box 491
Box Elder, SD 57719

For Chamber use only: AMOUNT ENCLOSED: \$ _____ RECEIPT SENT: _____ (DATE)



BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

BUSINESS PHONE: _____ BUSINESS WEB PAGE: _____

BUSINESS FACEBOOK NAME: _____

BUSINESS HOURS: _____

Number of Employees: _____ Full Time: _____ Part Time: _____

Other Business information:

Describe your business or service:

THANK YOU FOR YOUR MEMBERSHIP!