

Membership Application for *Spearfish Area Chamber of Commerce*
(Membership to be approved by Board of Directors)

_____ Business

_____ 2nd Business

_____ Associate

_____ Non-Profit

Firm Name _____ # Full-Time Employees _____
(2 part-time = 1 full-time)

Representative _____ Title _____

Phone _____ Fax: _____

Street Address _____ Web Address _____

PO Box _____ E-Mail _____

City _____ State _____ Zip _____

Business Classification (see listing and describe your business on back) _____
Does not apply to Associate Membership

Payment: Check _____ Payable to *Spearfish Area Chamber of Commerce*

Charge to: Mastercard Visa Discover Acct. No. _____

Exp Date _____ Signature _____

Annual Investment \$ _____ + \$25 Initial Processing Fee = \$ _____
(See Investment Schedule)

Received by _____ Date _____

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