

Membership Information

Membership Investment Table

(Two part time employees equal one full time employee)

Number of Employees

1-5	\$305
6-10	\$340
11-15	\$380
16-20	\$420
21-25	\$455
26-30	\$500
31-35	\$535
36-40	\$570
41-45	\$605
46-50	\$645
51-500	\$645 plus \$2.10 per employee
500+	\$1,275 plus \$1.05 per employee

Annual Investment

Financial Institutions:
\$305 + \$10 per million in assets
Non Profit Organizations: \$305

Number of Employees

Full Time _____ Part Time _____

I hereby apply for membership in the Edina Chamber of Commerce for which I agree to pay:

The annual sum of \$ _____
application fee \$45.00

(includes first GMM lunch for one representative)

Total \$ _____

Authorized Signature _____

Form of Payment

Attached check for \$ _____

Check Number _____

-or-

American Express Visa Mastercard

Card Number _____

Expiration Date / ____ / ____

*Your Chamber membership is fully deductible as a business expense. Annual membership fee is not refundable or transferable.

Please mail this application to:

Edina Chamber of Commerce
3300 Edinborough Way, Suite 150
Edina, MN 55435
or fax it to 952.806.9065

Company Information

Company Name _____

Contact Name _____

Title _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Fax Number _____

E-Mail _____

Website _____

How did you hear about us _____

Category in Directory _____

Additional Contact Information

Contact Name _____

Title _____

Contact requested communication:

faxes newsletter mailings

e-mail: _____

Contact Name _____

Title _____

Contact requested communication:

faxes newsletter mailings

e-mail: _____

Contact Name _____

Title _____

Contact requested communication:

faxes newsletter mailings

e-mail: _____

Contact Name _____

Title _____

Contact requested communication:

faxes newsletter mailings

e-mail: _____