



Membership Application

Application Date: _____

Company Profile:

Company Name:	Contact Person:
Mailing Address:	Business Phone:
City, State, Zip Code:	Fax:
Email:	Cell Phone:
Web Site:	Home Phone:
Number of Full-Time Employees:	Number of Part-Time Employees:

Preferred method by which to receive communications from the Chamber:

Email Phone Mail

Additional email addresses:

We ask for permission to release contact information including: phone, e-mail, address, social media site information etc. Please check the appropriate box below.

I wish to share my contact info with other members

I do not wish to share my contact info with other members.

Membership Dues

Based on full-time equivalent employees
(Two 1/2 time employees equal one full time)

1-2 Employees	\$300	26-30 Empl.	\$880
3-5 Empl.	\$330	31-35 Empl.	\$990
6-10 Empl.	\$440	36-40 Empl.	\$1,100
11-15 Empl.	\$550	41-45 Empl.	\$1,210
16-20 Empl.	\$660	46-50 Empl.	\$1,320
21-25 Empl.	\$770	Over 50 Empl	\$1,430
Non-Profit	\$165	Individual	\$85
Utilities	\$550	Home-Based	\$190
Banks	\$1430	(+\$21 per Million in deposits)	

Please bill me: Annually Semi-Annually
 Quarterly

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