

Foley Area Chamber of Commerce 2008 Membership Dues

Date: _____

Firm Name: _____

Primary Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Fax: _____

Web Site Address: _____

Date business was established: ____ / ____ / ____

Number of employees: _____ Full Time _____ Part Time

Membership Fee: (1 to 3 employees ~ \$100.00), (4 to 9 employees ~ \$150.00), (10 to 19 employees ~ \$200.00), (20 or more employees ~ \$250.00), (Associate ~ \$50.00).

Authorized Signature: _____

Return this form with payment to Foley Area Chamber of Commerce and mail to Marcy Johnston at Falcon National Bank, 183 Cedar Drive, Foley, MN 56329.