

**Albany Area Chamber of Commerce**  
**Membership Application**  
**PO Box 634, Albany, MN 56307**  
**(320)845-7777**

**Please Print All Information**

Today's Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_ Box Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site \_\_\_\_\_

Please tell us your reason for joining? \_\_\_\_\_

Are you applying for more than one business? YES NO (if yes, please fill out an additional application form)

List additional businesses \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Please note: 2 part time employees count as 1 full time employee

Please answer the following:

- Would you like monthly newsletters E-Mailed to you (pdf format)? YES NO
- Would you like your E-Mail address published in Chamber publications and/or on the Chamber Web Site?  
YES NO
- Would you like your Web Site Address published in Chamber publications and/or on the Chamber Web Site?  
YES NO

All Membership Agreements are subject to acceptance by the Board of Directors:

- \* Membership in the Albany Chamber of Commerce is non-refundable and non-transferable.
- \* Membership in the Albany Chamber of Commerce is tax deductible as an ordinary and necessary business expense.