



12980 Fremont Avenue, Suite C
 Zimmerman, MN 55398
 763-856-4404
 ZimmChamber@izoom.net

2012 Annual Membership Registration

Renewal **New Member** Referred by _____ Phone: _____

Business Name: _____

Contact Name: _____

MAILING Address: _____

STREET/Physical Address: _____

City: _____ State: _____ Zip: _____

Which address listed in Community Guide? MAILING ADDRESS or STREET ADDRESS (circle one)

Phone: _____ Fax: _____

Cell: _____ Email: _____

Website: _____ Business Hours: _____

Business Category (choose from attached list): _____

Brief Description of Business: _____

Number of Employees:

STEP 1: # of Part Time Employees (under 20 hrs/wk): _____ → Convert to Full Time Equivalent (2 PT = 1 FT employee): _____

STEP 2: # of Full Time Employees: + _____

STEP 3: Total Employees: = _____

Membership Investment : Choose One

Standard Rates

<input type="checkbox"/>	Business Owner, no employees	\$105.00
<input type="checkbox"/>	Business Owner, plus 1-2	\$130.00
<input type="checkbox"/>	Business Owner, plus 3-5	\$155.00
<input type="checkbox"/>	Business Owner, plus 6-10	\$195.00
<input type="checkbox"/>	Business Owner, plus 11-20	\$265.00
<input type="checkbox"/>	Business Owner, plus 21-70	\$385.00
<input type="checkbox"/>	Business Owner, plus 70+	\$550.00

Government* & Non-Profit Rates**

<input type="checkbox"/>	0-1 paid staff	\$85.00	
<input type="checkbox"/>	2-3	\$95.00	<i>*Government rate extends to government offices and schools not exempt from membership dues due to MN Statutes.</i>
<input type="checkbox"/>	4-5	\$105.00	
<input type="checkbox"/>	6-7	\$115.00	
<input type="checkbox"/>	8-10	\$125.00	
<input type="checkbox"/>	11-15	\$145.00	<i>** to qualify for non-profit status, a copy of 501c3 Certificate must accompany annual membership paperwork</i>
<input type="checkbox"/>	16-20	\$165.00	
<input type="checkbox"/>	21-25	\$185.00	
<input type="checkbox"/>	26-50	\$205.00	
<input type="checkbox"/>	51+	\$225.00	

Please Complete Appropriate Lines

MEMBER:

Date Sent _____
 Check # _____
 Amount# _____

Membership Investment Subtotal: _____

postmarked/received after Jan 15

will incur \$25 processing fee: + _____

Voluntary Unrestricted Donation to Chamber: + _____

Voluntary Donation to Equipment Fund: + _____

OFFICE:

Date Received _____
 CM _____ DB _____

Membership Investment Total: = _____
 (Membership Benefits Begin Once Paperwork and Payment is Complete)