



# Chamber Membership Application

Watkins Chamber of Commerce  
PO Box 432, Watkins, MN 55389

*Please complete this entire form and return to the address listed above.  
This will be used to build your member profile on the Chamber website.*

Organization/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Link on site \_\_\_ Yes \_\_\_ No

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name for listing (if different) \_\_\_\_\_ Email \_\_\_\_\_

Year Business Started \_\_\_\_\_ Average number of employees \_\_\_\_\_

**Annual Dues (July 1st - June 30th) - \$75.00**

\_\_\_ Check Enclosed (payable to Watkins Chamber of Commerce)

\_\_\_ Business Member \_\_\_ Individual Member \_\_\_ Non-Profit/Club Member

**Please provide a brief description about your business or organization  
(services, products, target customers, etc.)**

-----\*for office use\*-----

**Watkins Chamber of Commerce**

Membership dues of \$ \_\_\_\_\_ received on \_\_\_\_/\_\_\_\_/\_\_\_\_

for membership year ending June 30th, \_\_\_\_\_.

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