



2019

**CHAMBER OF COMMERCE
MEMBERSHIP**



*The Chamber works for your business,
let's rebuild it together in 2019.*

216 Main Street | PO Box 91 | Ellendale, ND 58436
(701) 349-4103 | ellendalecoc@drtel.net

MISSION:

Our goal is to promote business activity by providing leadership, information and services to the Ellendale area.

WHY JOIN THE CHAMBER:

By becoming involved in your local Chamber, your business will be connected to new ideas, new customer targets and a vital network of shared resources. Become a member of an organization that is working for you!

MEMBER BENEFITS:

- Listing in Membership Directory online & locally circulated directory offline
- Link to your company's website on the Chamber website
- Sponsorship opportunities at local events. Sponsor all or part of an event, and have your business name and logo on promotional material and event information
- Receive and participate in Chamber information email blasts, to promote your businesses upcoming events & specials
- Receive first referral priority for business inquiries directed to the chamber
- Accept & participate in Ellendale bucks program
- Promote your events on the Chamber website calendar
- Share your ideas at Chamber meetings to bring new and exciting promotions & events to Ellendale

2019



MEMBERSHIP DUES

| | |
|---------------------------------|-------------------------|
| Associate Member: | \$35 |
| Church/Faith Organization: | \$30 |
| Part Time Business: | \$75 |
| Full Time Business: | \$150 |
| + # of FTE X \$15 | \$ |
| | <i>Max amount \$350</i> |
| Total Investment Amount: | \$ |

Please make checks payable to:

Ellendale Chamber of Commerce
216 Main Street
PO Box 91
Ellendale, ND 58436

I would like to join a chamber committee and contribute my time, talent & strengthen relationships with other local businesses and generate a positive community impression. Contact me about helping with:

**THANK YOU FOR YOUR INVESTMENT AND CONTINUED
SUPPORT OF THE ELLENDALE CHAMBER OF COMMERCE
AND OUR LOCAL COMMUNITY!**



MEMBERSHIP APPLICATION

Company Name, Contact info, and Business Type are used for Membership Directory. Please make sure it is as you wish it to appear on the Directory.

Company Name:

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Email:

Website:

Type of Business:

of Employees:

Description of Business (25 words or less):

Signature:

Date:

How would you like to be contacted about:

Meetings:

Email

Text

Facebook event

Events:

Email

Text

Facebook event

Newsletter:

Email

Text

Print copy mailed to me