



BUILD BYRON

Byron Area Chamber of Commerce

Membership Application

Business Information:

Business Name _____ Application Date _____

Business Type _____

Business Description _____

Year Established _____ Number of Employees: Full-Time _____ Part-Time _____

Website _____ Business Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Contact Information:

Primary Contact Name _____

Position _____ Phone _____ Email _____

Additional Contact Name _____

Position _____ Phone _____ Email _____

Membership Interests:

Planning/Marketing Events Sponsorship Opportunities Networking Events

I prefer to only be contacted for sponsorship opportunities for certain events. Check all that apply:

Annual Dinner Mark Breneman Memorial Dinner Stars and Stripes Fest/BACC Yard Games

Fall Luncheon Halloween Event BRRR Fest

Referral Information: How did you hear about us?

Facebook Website Chamber Event (event name) _____ Current Member (name) _____

Membership Type:

For Profit - \$200/year Non-Profit - \$75/year

Signature _____ Printed Name _____

Please return original application and full payment to:

PO Box 764, Byron, MN 55920 | (507) 358-7777

www.byronmnchamber.com | lmoen@byronmnchamber.com