



New for 2019: The member application can now be completed online through our website.

You can find the application at www.byronmncchamber.com. Click on the JOIN US tab.

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 _____

Contact Information:

Primary Contact Name _____

Position _____ Phone _____ Email _____

Additional Contact Name _____

Position _____ Phone _____ Email _____

Referral Information: How did you hear about us?

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

Membership Type:

For Profit - \$250/year Non-Profit - \$100/year

Signature _____ Printed Name _____

Please return original application and full payment to:
PO Box 764, Byron, MN 55920
www.byronmncchamber.com | info@byronmncchamber.com