

## Membership Information

### Membership Investment Table

(Two part time employees equal one full time employee)

Number of Employees

1-5	\$290
6-10	\$325
11-15	\$360
16-20	\$400
21-25	\$435
26-30	\$475
31-35	\$510
36-40	\$540
41-45	\$575
46-50	\$615
51-500	\$615 plus \$2 per employee
500+	\$1,210 plus \$1 per employee

Annual Investment

Financial Institutions:  
\$290 + \$10 per million in assets  
Non Profit Organizations:  
\$290

Date of GMM Introduction \_\_\_\_\_

Number of Employees

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

I hereby apply for membership in the Edina Chamber of Commerce for which I agree to pay:

The annual sum of \$ \_\_\_\_\_  
a one time application fee of \$25.00  
Total \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Form of Payment

Attached check for \$ \_\_\_\_\_

Check Number \_\_\_\_\_

-or-

American Express      Visa      Mastercard

Card Number \_\_\_\_\_

Expiration Date / / \_\_\_\_\_

\*Your Chamber membership is fully deductible as a business expense. Annual membership fee is not refundable or transferable.

Please mail this application to:

Edina Chamber of Commerce  
7710 Computer Avenue, Suite 134  
Edina, MN 55435  
or fax it to 952.806.9065

## Company Information

Company Name \_\_\_\_\_

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

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

How did you hear about us \_\_\_\_\_

Category in Directory \_\_\_\_\_

## Additional Contact Information

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

Title \_\_\_\_\_

Contact requested communication:

faxes     newsletter     mailings

e-mail: \_\_\_\_\_

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

Title \_\_\_\_\_

Contact requested communication:

faxes     newsletter     mailings

e-mail: \_\_\_\_\_

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

Title \_\_\_\_\_

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