

## **Your Business Resource Center**

"To add value to our members by leading, informing and advocating business interests."

usiness Name:					
nysicai Address Nailing Address	: (if different than above):				
	tablished:				
hone: Fax:			 Website:		
usiness Descrip	tion:				
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ethod of Payment (circle): Check Cash redit Card Number:					
ardholder's Signature:					
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Γ	2024 Membership Investm	nent:			
	General Business: \$300 for		300 for primary representative 8.00 per additional staff, (2 PT = 1 FT).		
			h employee over 300.		
	\$		\$300 for 1 <sup>st</sup> Principal \$79.00 per additional Principal		
	Danalia / Consulta III II		additional staff.	h -	
			e, \$28.00 per assets of t		
	Individual Cupport Mamba	•	rea institutions in millio		
	Individual Support Member: \$		e (individual who is not poration or company, r		
L		with a COI	poration or company, r	etireuj.	
Race (or	pro-rated base amount):		ė		
Dase (Of	pro-rateu base amount)				
Number	of Full Time Employees @ \$	\$8 each:	\$		
ΟΡ ΔςςΑ	ts @ \$28 per million:		\$		
Optional Donation:			\$ <u>25.00</u>		
TOTAL DUES:			\$		
				=	

for area business. Membership dues in the Chamber of Commerce are not a charitable tax deduction, but may be deductible as an ordinary and necessary business expense.

Please return this form and your payment to:

Cloquet Area Chamber of Commerce, 225 Sunnyside Drive, Cloquet, MN 55720 (218) 879-1551 or 1-800-554-4350 or fax to (218) 878-0223 e-mail: chamber@cloquet.com