THIS FORM MUSE BE COMPLETED FOR US TO HAVE ACCURATED FORMATION ABOUT YOU!!

Leech Lake Area Chamber of Commerce 2016 Membership Information Form

Please print and complete the following for mailing purposes and proper credit:

BUSINESS NAME:		
MAILING ADDRESS:		
PHYSICAL ADDRESS:		_
CITY/STATE:		_
PHONE:FAX	EMAIL	
OWNER/MANAGER NAMES:		_
WINTER ADDRESS:		
WEB ADDRESS:		
20 word description for (We use this in the D	your business/services	
Membership Dues Paid fo	or 2016 \$	
Business Hot Link for 201	\$	
Destination Guide Ad for	2016 \$	
Total Amount Paid	\$	

Please return completed form with payment attached.

Please mail to: Leech Lake Area Chamber of Commerce, PO Box 1089, Walker, MN 56484