



LANGDON

Langdon & District Chamber of Commerce

Membership Application

Date: _____

Company Name: _____

Owner(s) Name(s): _____

Address: _____

Business Phone: _____

Preferred Email for receiving Communication: _____

Website: _____

Facebook Page: _____

Instagram Page: _____

Twitter: _____

LinkedIn: _____

Tell us about your business:

Hours of Operation: _____

Date of Business Establishment: _____

Number of Employees: _____

Business Structure: ___ Sole Proprietor ___ Corporation ___ Partnership

Business Operations: ___ Home Based ___ Store Front ___ Online ___ Other: _____

Are you interested in any of the following advertising options?

- Center street sign**
- Website Banners**
- Job Postings**
- Special Events Posting**
- Sponsoring Chamber Events**

Do we have your permission to advertise on the LDCC Website with the information provided? Yes No

**Please attach a copy of your logo to this application - dimensions 800*378 pixels in .png or .jpg format. Without phone number, website or email address.*

Note: If you do not submit a logo a place holder will be used on the website

Are you interested in having Chambers Plan contact you about employee benefits?

Yes **No**

Accounting Information:

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Legal Company Name: _____

Billing Address: _____

UPON RECEIPT, THE LDCC BOARD WILL REVIEW YOUR APPLICATION FOR APPROVAL. ONCE YOUR MEMBERSHIP IS APPROVED YOU WILL RECEIVE A WELCOME EMAIL WHICH WILL INCLUDE INFORMATION ABOUT YOUR MEMBERSHIP INCLUDING A COPY OF OUR BYLAWS. PAYMENT WILL ALSO BE DUE AT THIS TIME.

Notes: _____

