



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 AN INVOICE FOR MEMBERSHIP FEES, PAYMENT WILL BE DUE AT THIS TIME.

ONCE THE MEMBERSHIP FEES HAVE BEEN PAID A WELCOME EMAIL WILL BE SENT WHICH INCLUDES INFORMATION ABOUT YOUR MEMBERSHIP INCLUDING A COPY OF OUR BYLAWS.

Notes: _____

