



Houston Area Chamber of Commerce

Margaret Knutson, Director
PO Box 3
Houston, MN 55943 507-896-4033 x6
houstonmnchamber@gmail.com
houstonmnchamber.com

CHAMBER MEMBERSHIP FORM

Business Name

Primary Contact Name

Mailing Address

Physical Address (if different from above)

Phone

Email Address

SELECT YOUR MEMBERSHIP INVESTMENT

- | | |
|--|---|
| <input type="checkbox"/> \$90 (0-9 Employees) & School | <input type="checkbox"/> \$75 (Individual/Non-Profit) |
| <input type="checkbox"/> \$175 (10+ Employees) | <input type="checkbox"/> \$225 Sponsorship |

Please Select Billing Method:

- ☐ Payment Included ☐ Send Invoice

PLEASE RETURN FORM

Houston Area Chamber of Commerce
PO Box 3
Houston, MN 55943

Thank you for your support!

Retain lower portion for your records

Houston Area Chamber Membership Dues

Payment Method

Date

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