

# Albert Lea-Freeborn County Chamber of Commerce

## Application for Membership

COMPANY NAME \_\_\_\_\_  
 CONTACT PERSON(name in directory)\_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PO BOX \_\_\_\_\_ MAILING ADDRESS (if different from above) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 WEBSITE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 BUSINESS CLASSIFICATION \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CHAMBER REPRESENTATIVE \_\_\_\_\_

### Base Rate Investment Schedule – Individual categories

For federal income tax purposes your investment in the Albert Lea-Freeborn County Chamber of Commerce may be deductible as a necessary business expense (IRS Section 162), however, it is not deductible as a charitable contribution (IRS Section 10701).

<u>Category</u>	<u>Annual Investment</u>
Retired.....	\$91.00

\*\*A one-time administrative fee of \$25 is charged for all new or reinstated members of the Chamber.

For Office Use	
<input type="checkbox"/> Plq	<input type="checkbox"/> Ck
<input type="checkbox"/> Ltr	<input type="checkbox"/> Bill
<input type="checkbox"/> News	<input type="checkbox"/> A
<input type="checkbox"/> Amb	<input type="checkbox"/> S
<input type="checkbox"/> Comp	<input type="checkbox"/> Q
<input type="checkbox"/> Media	

Annual Membership Investment (Please refer to schedule above)	_____
Total Due	_____
_____	
Authorizing Signature	
Title _____	Date _____

ALL MEMBERSHIPS ARE AUTOMATICALLY RENEWABLE AND ALL CANCELLATIONS MUST BE IN WRITING.

Annual Dues Payment due October 1<sup>st</sup> or on anniversary date.

*Albert Lea-Freeborn County Chamber of Commerce*

701 Marshall Street, Albert Lea, MN 56007

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