

Membership Application

Business Name _____

Application Date _____

Your Name _____

Job Title _____

Name of Local Contact _____

Street Address of Business _____

City, State, Zip _____

Mailing Address if different from Street Address _____

Billing Contact and Address _____

of Full-time Equivalent Employees
(including Owners & Managers) _____

Business Phone _____

Business Fax _____

Web Address _____

E-mail Address (we will not share) _____

Please list keywords to describe your business for the website. _____

_____ Please let us know if you would like to receive information about our role in the Economic Development of the North Platte area and our Economic Development Incentive Fund . You will also find more information regarding this important aspect of our organization on our website, www.nparea.com under our Economic Development tab.

Applicant's Signature _____

Chamber & Development Signature _____

Membership Investment : Our dues are calculated based on your type of business. We will contact you upon receipt of your application to discuss your dues.

Requested Payment Schedule: Annual _____ Semi-Annual _____

Dues will be made payable to:
North Platte Area Chamber of Commerce & Development Corporation
502 South Dewey
North Platte, NE 69101
www.nparea.com 308-532-4966

Your investment in the Chamber is tax deductible as a business expense.

If you have any questions, please call Kathy Swain, our Membership Coordinator, for more information at 532-4966.