



LANGDON

Langdon & District Chamber of Commerce

Membership Application

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*

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 DUE AT THIS TIME

Notes: _____
