

Company/Organization

Brandon Valley Area Chamber of Commerce 2011 Membership Form

Advertising Opportunities

Welcome Board Sign: _____

Annual Phone Book: _____

Page Size (*circle*): 1/8 1/4 1/2 Full

New Resident Welcome Book: _____

Annual Visitor Coupon Sheet: _____

Brandon Bucks Gift Card Coupon: _____

2011 Membership

- Platinum Member
- Gold Member
- Silver Member

Base Member _____

Non-Profit Member _____

Individual Member _____

Event Sponsorship Opportunities

Brandon Valley Holiday Classic (January)

Premier Level _____ *Lynx Level* _____

Annual Banquet (April) _____

Golf & Wine Outing (June) _____

First Night Out (July) _____

Big Sioux Sun Run (August) _____

Total Investment

Total Investment (\$): _____

Method of Payment

- Check Enclosed: _____
- Send Invoice for Full Amount: _____
- I would like to enroll in ACH monthly payment program. I have attached my completed form: _____

Monthly Payment: _____

(Total Investment will be split into 12 monthly payments; withdraw beginning on Nov. 1, 2010)

- VISA/MASTERCARD/DISCOVER:

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Host a mixer in 2011

Yes, I would like to host a mixer

*What season works best for you? Circle One:
Winter / Spring / Summer / Fall / Doesn't Matter*

Volunteer Opportunities

Yes, I would be interested in being an ambassador for next year's membership drive.

Yes, I would like more information on joining a committee.

Please circle committees of interest:

Fundraising Public Relations

Marketing Membership

Yes, I would like to help out at an event.
Please call me with further details.

Print Name: _____

Signature: _____

Date: _____



2011 Brandon Valley Area Chamber of Commerce Company Information

Please Print or Type

Business/Organization: _____

Primary Phone: _____ Fax Number: _____

Alternate phone: _____ E-mail: _____

Toll free phone: _____ Website: _____

Cell phone: _____

Physical Address: _____

City, State, Zip: _____

Use Physical Address as Mailing Address

Mailing Address: _____

City, State, Zip: _____

Representative Name: _____

Representative Title: _____

Year Business Opened: _____

Do you take MasterCard? _____

Do you have a FaceBook page? _____

Full-time Employees: _____

Part-time Employees: _____

Brief Description of Business:

*Please return this form to the Chamber office
P.O. Box 182, Brandon, SD 57005
Fax (605)582-8941*