



Park Rapids Lakes Area Chamber of Commerce
Fair Share Investment Schedule
December 1, 2008 – December 1, 2009

**** Maximum total dues to be paid by a business in any category is \$1,500**

RETAIL/SERVICE

**** Your basic investment is:** \$285.00
Plus: Full time employees including working owners and managers (part employees are added up to equal full time).
a. First 5 full time employees \$25.00/employee.
b. Next 5 full time employees \$20.00/employee.
c. Next 15 full time employees \$12.00/employee.
d. Next 25 full time employees \$5.75/employee
e. Any additional employees \$2.25/employee.

MANUFACTURE, ASSEMBLY OR INDUSTRIAL

**** Your basic investment is:** \$285.00
Plus: Full time employees including working owners and managers (part employees are added up to equal full time).
a. First 25 employees \$12.00/employee.
b. Next 25 employees \$5.75/employee.
c. Any additional employees \$2.25/employee

PROFESSIONAL: (Law firm, Accountants, Physicians)

**** Your basic investment is:** (This includes one professional) \$285.00
Plus:
a. \$125.00/each additional professional
b. \$17.00/employee

OWNER OPERATED

\$185.00
Applies to any retail/service business that runs without employees.
This includes distributors, in-home businesses, individual proprietors, etc.

LODGING & ACCOMODATIONS

**** Your basic investment is:** \$285.00
Plus:
a. Bedrooms \$13.50 each.
b. Campsites \$3.25 each.

ASSOCIATE MEMBER

\$145.00
Available only to salespeople or representatives with firms not located in the Park Rapids Area or businesses located 40 miles or more from Park Rapids. Non-Voting member.

NON-PROFIT ORGANIZATIONS

\$125.00
Applies to non-profit organizations or charities, service clubs and other members of the community not otherwise engaged in professional ventures. Non-Voting member.

INDIVIDUAL

Individual membership for a voting member not affiliated with a business: \$125.00
Retired Individual (55 and older): \$55.00*

*Fee may be waived based on 8 hours or more of volunteer service to the Chamber per year.

Secondary Businesses: When there is more than one business owned by the same person, the businesses will pay one base rate (\$285.00) and \$75.00 per additional business. The number of employees from all business will be combined and charged accordingly (retail/service) or the number of bedrooms will be added together and charged accordingly (lodging). **



Park Rapids Lakes Area Chamber of Commerce
Membership Application

Firm Name:
Contact Name: (First) (Last) (Title)
Address: City: State: Zip:
Phone: Fax: E-mail:
Business Website Address: Do you need an active link?

*If you are also requesting to be linked to the parkrapids.com web site please fill out the web link application.

Fill in any and all that apply.

Type of membership
Number of Full Time Employees Number of Part Time Employees
Number of Bedrooms Number of Campsites

Table with 2 columns: Membership Category, Amount. Rows include Base Rate, Employee, Lodging, Web Link (50.00), and Total enclosed.

Credit Card: Type Number Expiration

If you need assistance in calculating your dues, please feel free to call the Chamber office 218-732-4111.

Signature Date

The annual membership for this business is continuous until a 30-day notice of resignation is submitted to the Board of Directors. The Park Rapids Area Chamber of Commerce is a non-profit corporation, but serves as an advocate organization for area business. As such, dues paid to the Chamber are not a charitable deduction but are tax deductible as an ordinary and necessary business expense.

Mail completed application and payment to:
Park Rapids Lakes Area Chamber of Commerce
1204 South Park - P.O. Box 249
Park Rapids, MN 56470
218-732-4111 fax 218-732-4112
email: chamber@parkrapids.com
www.parkrapids.com



WEB SITE NEW ACCOUNTS & CHANGES

Office Only		
Paid	Date	Initials
\$50	_____	_____
\$75	_____	_____

Park Rapids Lakes Area Chamber of Commerce

P.O. Box 249 Park Rapids, MN 56470 ■ 218-732-4111 ■ 1- 800-247-0054 ■ Fax: 218-732-4112

www.parkrapids.com ■ chamber@parkrapids.com

Name of Business: _____	Phone# _____
Street Address: _____	Toll Free# _____
City: _____ Zip code: _____	E-mail: _____
Contact Name: _____ Request by: _____	Date: _____

NEW LISTING INFORMATION

Antiques	Appliances	Automotive	Bakeries
Books	Bottling	Broadcast Companies	Building Supplies
Business Promotions	Cable TV	Campground	Candy
Cleaning	Clothing and Shoes	Communications	Construction
Crafts	Day Care	Embroidery	Financial Institutions
Floral Shops	Frozen Food-Processors	General Merchandise	General Services
Gifts	Greenhouses	Grocery Store	Hardware
Home Furnishings	Industrial Business	Insurance	Internet Services
Kennels	Landscaping	Motels	Newspapers
Nurseries	Office Supply	Personal Products/Services	Pharmaceuticals
Plumbing and Heating Contractors	Printing, Computers	Graphics & Photography	Professional Services
Radio Stations	Real Estate	Rental Service Stores	Resorts
Satellite Equipment and Systems	Sheet Metal/Welding	Sporting Goods, Bait, Ice Storage	Travel Services
Trophies	Upholstery	Utilities and Electric	Waste Systems
Website Design & Hosting	Wineries		
Other/Request Category _____			

CHANGE REQUESTS

If you are requesting a change, state clearly the exact change to be made in as much detail as possible, including address of page to be changed, type of area change is located in, what's wrong, what change should be, etc (*use other side of sheet if more space is needed*):

New Chamber Member Information

Name of Business: _____

Main Contact _____

Address: _____

City & State, Zip: _____

Telephone & Fax # : _____

Email Address: _____

Web Site: _____

Additional Reps _____

Name & Email: _____

Additional Rep _____

Name & Email: _____

If you have more reps that you would like to include please feel free to use another sheet of paper.

A brief description about your business/, which will appear in an upcoming Chamber Channels Newsletter:

I would be interested in more information or being a part of the following committees:

Membership() Marketing() Public Policy () Finance Committee ()

Standing Committee()

Staff Information/Use

____ Added to Chamber Master

____ Paperwork Filed

____ Follow-up call checking on Ribbon Cutting/Grand Opening

____ Schedule Ambassador Visit