



81 South Ninth Street, Suite 200, Minneapolis 55402
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[ChamberNet Membership Form]

Member Information

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Website _____

Business Classification _____

Type of business/services provided:

What ChamberNet are you interested in? Why?

What can you bring to other members of ChamberNet?

What are you looking to get out of your ChamberNet Membership?

Application Date _____

Submitted To: _____