

Grow With The Chamber Application

Requirements:

Business must be under 5 years old

Business must be in the 1-10 FTE Employees Category

Business cannot be a current Hermantown Area Chamber Member

Business Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Primary Business Contact & Title: _____

Primary E-mail Address: _____

Company Website Address: _____

General Company Email Address: _____

Business Listing Category: _____

Business Anniversary Date: _____

Twitter Handle: @ _____

Facebook Name: _____

How would being a member of the Hermantown Area Chamber benefit your business?

What areas do you feel are your strengths?

Human Resources Marketing Finance Networking Other: _____

What areas do you need the most support in?

Human Resources Marketing Finance Networking Other: _____

What is your business classification?

Sole Proprietor C Corporation S Corporation Partnership Trust/Estate LLC

Other: _____

What other memberships and community involvements are you currently part of?

Tell us your business story. How and why did you get started? _____

What are your long term goals? _____

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