

# *St. Cloud Business Exchange*

## *Membership Application*

Name (Please Print) \_\_\_\_\_

Company Name (Please Print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone - Office

\_\_\_\_\_  
Telephone - Cell

\_\_\_\_\_  
Telephone - Home

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Web-Site

Are you a member in good standing with the St. Cloud Chamber of Commerce?

Yes \_\_\_\_\_ No \_\_\_\_\_

Category Listed with the Chamber (use Directory Categories)

\_\_\_\_\_  
Category you wish to represent in accepted as a member of the St. Cloud Business Exchange. If you are accepted as a member?

Do you accept and will abide by the By-Laws of the St. Cloud Business Exchange if you are accepted as a member?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Membership Committee to fill out

Accepted by (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Dues Paid Yes \_\_\_\_\_ No \_\_\_\_\_ Date Dues Paid \_\_\_\_\_