

Come Grow With Us



609 W Norfolk Ave, Norfolk, Nebraska 68701
 Ph: 402-371-4862 | Fax: 402-371-0182
 norfolkareachamber.com
 ktichota@norfolkareachamber.com

Date _____

OFFICE USE ONLY

Date Paid _____
 cc _____ ck _____
 Kellé _____ Jeny _____ Jarad _____ Jenni _____

Please type or print clearly to ensure that your information is listed correctly. The business name, address, phone, and website will be published in our business directory, unless you request otherwise.

Business Information

Business Name or DBA _____
 Primary Business Address _____
 City _____ State _____ Zip _____

Mailing Address:

Mailing Address is the same as Primary Business Address

Street/PO Box _____
 City _____ State _____ Zip _____

Primary Business Phone _____ Fax _____

Email for General Inquiries _____

Website _____

What date was your business established? _____

Tell us a bit about yourself; leave a brief discription about your business. _____

Business hours: _____

- ◇ Facebook
- ◇ LinkedIn
- ◇ Twitter

Online Search

Key Words

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Billing

Billing Contact:

Bill to Main Contact

Name _____

Title/Role _____

Email Address _____

Direct Phone (opt) _____

Billing Address:

Same as Mailing Address

Street/PO Box _____

City _____ State _____ Zip _____

Authorized Signature _____

_____ Annual _____ Semi-Annual _____ Go Green (email)

Annual Investment

subject to change

- ◇ Visionary.....\$7,000
- ◇ Pillar.....\$5,000
- ◇ Cornerstone.....\$3,000
- ◇ Foundation.....\$1,500
- ◇ Builder.....\$700
- ◇ Investor.....\$325

Total _____

Payment Options: **Cash** **Check** **Card**

If Using a Credit Card:

Card Number _____ CSV _____

Cardholder Name _____ Exp _____

Cardholder Signature _____

Account Contact Information

Main Contact:

Name _____

Title/Role _____

Email Address _____

Direct Phone (opt) _____

Main Contact: The Main Contact will be the "go-to" person for building the Chamber's relationship with your business and making sure you are aware of opportunities to be involved.

Secondary Contact: (optional)

Name _____

Title/Role _____

Email Address _____

Direct Phone (opt) _____

Additional Contacts: You may add as many employees as you wish to receive Chamber updates. Please attach additional contacts on a second sheet of paper or email them to ktichota@norfolkareachamber.com