

Membership Application

Join Online or View Benefits: beresfordchamber.com/about/membership/



1. BUSINESS & CONTACT INFORMATION

Please provide the information as you would like it to appear in our directory.

Business Name: _____ **Primary Contact:** _____

Business Category: _____ (e.g., Retail, Service, Non-Profit)

Physical Address: _____ **City:** _____

State: _____ **Zip:** _____ **Mailing Address:** _____ (If different from above)

Phone: _____ **Email:** _____ **Website:** _____

2. MEMBERSHIP INVESTMENT

To ensure this form remains current, please verify the latest dues tiers at beresfordchamber.com/about/membership/ before completing this section.

Selected Membership Tier: _____ **Annual Total: \$** _____

Check Enclosed (Payable to: Beresford Chamber of Commerce) > Note: To pay by credit card, please complete your application online.

3. AUTHORIZATION & UPDATES

By signing below, you authorize the Chamber to list your business in our public directory. For a current list of Board Officers and Chamber contact info, visit beresfordchamber.com/contact/.

Authorized Signature: _____ **Date:** _____

RETURN THIS FORM TO: Beresford Chamber of Commerce P.O. BOX 167 Beresford, SD 57004

Thank you for supporting the Beresford business community!

BERESFORD
CHAMBER OF COMMERCE



**Scan the Code
to Apply Online**