

BACC Membership Form

Business Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ Primary Contact: _____

State: _____ Primary Contact Email: _____

Zip Code: _____ Alternate Contact: _____

Phone: _____ Alternate Email: _____

Website Address: _____

Membership Level: (select one)

- | | |
|--|----------|
| <input type="checkbox"/> Premium Membership* | \$150.00 |
| <input type="checkbox"/> Standard Membership* | \$100.00 |
| <input type="checkbox"/> Individual Membership** | \$ 50.00 |

Optional Contributions:

- | | |
|---|----------|
| <input type="checkbox"/> Crime Prevention Fund | \$ _____ |
| <input type="checkbox"/> Chamber Scholarship Fund | \$ _____ |

Total Amount of Payment: \$ _____

Mail payment to: Beach Area Chamber of Commerce (BACC)
PO Box 757
Beach, ND 58621

OR

Hand-deliver payment to: 55 1st Street SE
Beach, ND 58621

*See benefit form for complete listing of benefits available.

**Individual membership is reserved for non-business owners, retired business owners or community members that want to be involved in the Beach Area Chamber of Commerce.