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MEMBERSHIP APPLICATION

Company Name: _____

Phone: _____

Website: _____

Email: _____

Business Description: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: *Same as physical address*

City/State/Zip: _____

Business Type: _____

No. Employees: Full-time: _____ Part-time: _____

PRIMARY CONTACT INFORMATION:

Name (First/Last): _____

Title: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Contact Preference: Email Phone Mail

Social Networking:

LinkedIn: <http://linkedin.com/in/> _____

Facebook: <http://facebook.com/pages/> _____

Mailing Address: *Same as Company Mailing Address*

City/State/Zip: _____

BILLING CONTACT INFORMATION:

Same as Primary Contact

Name (First / Last): _____

Title: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email:

Contact Preference: Email Phone Mail

Social Networking:

Linkedin: <http://linkedin.com/in/> _____

Facebook: <http://facebook.com/pages/> _____

Mailing Address: Same as Company Mailing Address

City/State/Zip: _____

MEMBERSHIP PACKAGE:

General Business, Professional, Financial, Multiple Entities—*Base rate \$280, plus FTE*

Non-Local Business—*flat rate of \$320*

Non-Profits—*501C(3), flat rate of \$145*
Flat rate all others \$280

Associate—*\$100 (for individuals who are retired or semi-retired and are not actively representing a business)*

PAYMENT METHOD: *We accept VISA, MasterCard, AMEX, Discover, Check, Cash*

Bill Me Check Enclosed

Credit Card Information:

Exp. Date: ___ ___ / ___ ___ CVV#: ___ ___ ___

Signature: _____