

Chamber Member Benefits



2018

**The mission of the
Madelia Area Chamber of Commerce
is to provide opportunities and events wherein
the Chamber Members are encouraged to
promote business and community growth
and to develop the Madelia Area
as an attractive environment in which to
work, shop, play & live.**

MEMBERSHIP BENEFITS

Networking Opportunities

Board Retreat: November
Funky Bowling: February
Ag Night: March
Park Days: July
Golf Tournament: August
Teachers Luncheon: August
Razzle Dazzle: November
Annual Meeting/Holiday Party: January
After Hour Networking
Business of the Month
Business/Organization of the Week
Workshops
Volunteer Opportunities

Marketing Services

Business Referrals
Business Listing on Chamber Website
Park Days Parade Entry
Razzle Dazzle Parade Entry
Publicity in the Monthly Newsletter
Ribbon Cutting Services
Sponsorship Opportunities
Facebook Networking
Radio Spotlight
Shop Local Promotions
1 Better on Screen Advertising
Chamber Board of Directors
CVB Board of Directors

Karla Angus: Executive Director
Bridget Hayes: Assistant Director

127 West Main Street
PO Box 171
Madelia, MN 56062

Phone: 507-642-8822
Toll-free: 1-888-941-7283
Fax: 507-642-8832

E-mail: chamber@madeliamn.com
www.visitmadelia.com

Expand your business contacts and increase exposure for the products and services you provide.

Enhance your business by learning critical and pertinent business information that can lead to effective management, marketing, sales and operations.

Market your business to approximately 100 Chamber members and build your client base.

Impact public policy that can affect your business.

Enrich the community where you do business and help stimulate economic growth of the Madelia area.

facebook

Select A Membership Level

1. Determine Membership Rate

<u>Number of Employees</u>	<u>Price</u>	<u>Other Categories</u>	<u>Price</u>
<input type="checkbox"/> 1 - 5 Employees	\$225.00	<input type="checkbox"/> Individuals (no business)	\$100.00
<input type="checkbox"/> 6 - 10 Employees	\$350.00	<input type="checkbox"/> Non-Profit Organizations	\$100.00
<input type="checkbox"/> 11 - 50 Employees	\$550.00	<input type="checkbox"/> Daycare/In Home Business	\$175.00
<input type="checkbox"/> 51 - 100 Employees	\$875.00	<input type="checkbox"/> Seasonal Retail (180 days or less)	\$175.00
<input type="checkbox"/> 100+ Employees	\$1,000.00		

2. Membership Premium Sponsorships

Platinum \$5,000.00

- Two complimentary entries in Chamber Golf Tournament.
- Complimentary signage at all Chamber events.
- Recognition in monthly Chamber newsletter.
- Recognition on Chamber website.
- Display plaque for business.

Silver \$1,000.00

- Complimentary signage at all Chamber events.
- Recognition in monthly Chamber newsletter.
- Recognition on Chamber website.
- Display plaque for business.

Gold \$2,500.00

- Complimentary signage at all Chamber events.
- Recognition in monthly Chamber newsletter.
- Recognition on Chamber website.
- Display plaque for business.

**Membership checks payable
to: Madelia Area
Chamber of Commerce**

3. Park Days, Golf Scramble and Razzle Dazzle Sponsorships

All donations should be paid to **Madelia Promotions, Inc.**, a tax exempt organization established to promote Madelia and support the Madelia Chamber of Commerce. A portion of your sponsorship will be tax deductible regardless if you are a Chamber member or not. A portion of contributions made by individuals will be tax deductible as a charitable contribution. Contributions made by businesses will be deductible as business promotion

Park Days

Gold: \$5,000

- Exclusive naming rights to the VIP Tent.
- 20 (twenty) tickets for admission to the VIP Tent for the weekend.
- 5 (five) parking spaces in the park close to the VIP VIP Tent.

Silver: \$1,000

- 10 (ten) Sponsor Dinner Tickets.
- Individual 2' x 5' Banner Displayed in the park.

Bronze: \$500

- 4(four) Sponsor Diner Tickets.
- Individual 2' x 5' Banner Displayed in the park.

Fire Cracker: \$250

- 2 (two) Sponsor Dinner Tickets.
- Your business name displayed in the park.

Golf Scramble

- Full Hole Sponsor **\$300.00**
- Half Hole Sponsor **\$150.00**
- One-Third Hole Sponsor **\$100.00**
- Ball Drop Sponsor **\$500.00**
- Drink Ticket Sponsor **\$175.00**
- Dinner Sponsor **\$120.00**

Razzle Dazzle

- Reindeer Sponsor **\$610.00**
- Other Donation \$ _____

Total Amount **\$ _____**

Membership Application



***Join the organization that
is doing what most people think just happens.***

1. Business Information

Company Name

Mailing Address

City

State

Zip

Physical Address *(if different from mailing)*

City

State

Zip

Telephone

Fax

Company Website

Company Email

Facebook

Business Description

501c3

Date Established

Number of Employees

2. Reason for Joining the Chamber *(please choose at least one)*

Networking/Business Contacts

Support CVB Efforts

Government Affairs/Advocacy

Support Economic Development Efforts

Sponsorship/Advertising Opportunities

Business Information Only

Volunteer Opportunities

(I am not looking to get actively involved.)

Learning Opportunities

Other _____

3. Contacts

Primary Contact Name

Position

Phone

Email

Name

Position

Phone

Email

4. Agreement

Print Name

Date

Signature *(Signature required to activate)*

Automatic Debit Application

Authorization for Direct Payment To Madelia Area Chamber of Commerce

I authorize the Madelia Area Chamber of Commerce and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

STAPLE VOIDED CHECK HERE

Name of Financial Institution Branch

Street Address of Financial Institution City State Zip

Signature Date

Name—Please Print Telephone Number's

Street Address City State Zip

Checking Acct. No. _____ Savings Acct No. _____

Financial Institution Routing Number _____

RETAIN FOR YOUR RECORDS

On _____, (date) I authorized the following company to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address below:

Madelia Area Chamber of Commerce, 127 W. Main St., P.O. Box 171, Madelia, MN 56062 | 507-642-8822

One Time Automatic Debit

Monthly Automatic Debit

Initial payment amount: \$ _____

Payment date: **15th of each month**

**If the payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date.*

(Annual total divided by 12 plus \$1 per month service fee)