



**Huron Chamber & Visitors Bureau**

1725 Dakota Ave S  
Huron SD 57350  
Phone: (605)352-0000  
Fax: (605)352-8321  
Email: cvb@huronsd.com  
Website: www.huronsd.com

**MEMBERSHIP INVESTOR INFORMATION**

**(PLEASE PRINT CLEARLY)**

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Main Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address/City: \_\_\_\_\_ PO Box: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll-Free Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Type:  Corporation,  Franchise,  Government,  Home-Based Business,  
 Locally Owned,  Non Profit,  Partnership,  Sole Proprietorship,  Other \_\_\_\_\_

Type of Business (Describe Product/Service/Keywords): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What year was your business established? \_\_\_\_\_

How many employees do you have? full-time \_\_\_ part-time \_\_\_

Do you wish to receive email on behalf of the Chamber? Yes No

Do you wish to receive faxes on behalf of the Chamber? Yes No

**PAYMENT:** Please submit this form along with your payment to the Huron Chamber & Visitors Bureau.

Investment Level:  Tailfeather  Pheasant  Pheasant Flight  Ringneck Pheasant  
 Copper Pheasant  Golden Pheasant  Imperial Pheasant

Form of Payment:  Check  Visa  Mastercard  Discover Amount: \$ \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

\*\*\* Your investment is deductible as a business expense. Please contact your tax attorney for details.

<b><i>This Box is for Office Use Only ~ Thank You</i></b>		Web Category(s): _____
<input type="checkbox"/> Establish File	<input type="checkbox"/> Qkbs entered	<input type="checkbox"/> Broadcast Fax
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Pmt Schedule	<input type="checkbox"/> Website/Chamber Master
	<input type="checkbox"/> Payment Processed	<input type="checkbox"/> Email