

Langdon Area Chamber of Commerce Membership Form

Individual/Business/Organization: _____

Owner/Manager/President/Contact: _____

Mailing Address: _____

City: _____

State & Zip Code: _____

Telephone number: _____ Cell: _____

E-mail Address: _____

Number of Employees: Fulltime _____ Part time: _____

Membership Investment: \$ _____

Total enclosed: \$ _____

Please mail form and Membership Investment to:
Langdon Area Chamber of Commerce
PO Box 348
Langdon, ND 58249
256-3079

langdonchamberofcommerce@gmail.com

Thank you for supporting the Langdon Area Chamber of Commerce