North Bend Chamber of Commerce

PO Box 361
North Bend, NE 68649

MEMBERSHIP INFORMATION: 2027

_____Dues Enclosed $60.00

BUSINESS NAME: _____

PRIMARY CONTACT PERSON NAME:_____

PRIMARY CONTACT EMAIL:_____

ASSOCIATE MEMBERS: Please list other owners or employees that can help with Chamber of Commerce activities. **To receive Chamber correspondence, *please include email address***.

_____

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_____

ADDRESS INFORMATION: Please provide the following information.

Monthly meeting reminders and minutes are EMAILED.

MAILING ADDRESS:_____

_____

TELEPHONE NUMBER:_____

FAX NUMBER:_____

WEBSITE:_____

Return form and check payable to North Bend Chamber of Commerce:

1. **Mail to North Bend Chamber of Commerce, PO Box 361, North Bend, NE 68649**

OR

2. **Drop off at Platte Valley Bank, Attn: Katy Bode**

COMMITTED TO OUR COMMUNITY