



MEMBERSHIP CONTACT FORM

PO Box 1143, 13 E Divide | Bowman, ND 58623 | megan@swnd.org | 701.523.5880

BUSINESS INFORMATION

Please complete annually to ensure all information on file is up to date. Information provided here will be used to update billing and contact information as well as your website Business Directory listing.

Business Name _____

Business Contact _____

Email _____

Mailing Address _____

Physical Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Number of Employees: Full Time _____ Part Time _____

ADDITIONAL CONTACTS

If you would like multiple people from your business to receive email communication, please include their information below.

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____