

Partnership Form
Berne Chamber of Commerce will
assist in promoting my/our business.

Date: _____, 20____

Business Name: _____

Contact Person & Title: _____

Mailing Address: _____

Physical Address: _____

City, State, Zip: _____

Phone/Fax: _____

Email: _____

Website: _____

Year business began (mm/yyyy): _____

What do you want our members to know about your company?

Membership: (check one)

Swiss Pride Additional Home-based

Financial/Healthcare/Industrial Institution

Not-for-profit Professional Service/Retail

Seasonal Utilities

Premier Membership:

Mönch Eiger Wetterhorn Jungfrau

Payment Options:

Payment in full

Invoice full amount

Invoice Quarterly
Due 3/1,6/1,9/1,12/1

Invoice Semi-Annual
Due 6/1 & 12/1