

**MARK OF EXCELLENCE
APPLICATION FOR CERTIFICATION**

DATE:

TO: Chair
Mark of Excellence
Minnesota Chamber of Commerce Executives (MCCE)
400 North Robert Street, Suite 1500
St. Paul, MN 55101-2098

Application is made for Mark of Excellence Certification of the

Name of Chamber of Commerce

We understand and agree to the following:

- * This organization has been in operation for one year or more.
- * If our chamber is selected, we will submit a check for \$100.00 (Application Fee).
- * We will make an analysis and evaluation of our organization and submit resulting reports, recommendations and exhibits, within 1 year, to the MCCE Mark of Excellence Committee.
- * If selected for an on-site overview, we will make all the necessary arrangements as requested. We recognize that there may be some minor financial commitments at that time such as overnight lodging and meals for a 2-person review team.
- * Mark of Excellence designation requires recertification every five years.

Population of service area _____

Dues Income for 200____ \$_____

Total Income for 200____ \$_____

Number of members _____

Your Chamber's complete contact information.

Name: _____

Address: _____

City, State, Zip: _____

Phone/fax: _____

Email: _____

Chief Elected Officer's Name/Title

Chief Paid Executive's Name/Title

Expiration date of term

Signature

Signature

Please attach a brief paragraph explaining why this program is important to your organization and return the application form.