

CHESANING CHAMBER OF COMMERCE

2023 MEMBERSHIP APPLICATION

(Please list information as you would like it to appear on the Chamber website or make notes for additional contact information)

Membership Name:

Contact Person:

Mailing Address:

Location Address:

City, State, Zip:

Phone Number:

FAX:

E-mail Address:

Web Site:

Year Established:

Business Hours or Additional Information:

*** Newsletters will be delivered electronically at email addresses listed above. ***

Membership Levels: _____ **Business Membership \$350**

Dues for new members joining mid-year will be prorated. Dues year is from Jan. 1-Dec. 31.

Or, please bill me: _____ **Bi-annually** _____ **Quarterly** _____ **Monthly**

SIGNATURE _____ **DATE** _____

**PayPal, Visa or Mastercard accepted. Please contact the office or use link on the website.
Chesaning Chamber of Commerce, 218 N. Front St. – Suite B, Chesaning, MI 48616
Phone 989-845-3055**

Thank you for your continued support of the Chesaning Chamber of Commerce!