

Chesaning Area Chamber of Commerce

ASSOCIATE 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 Number:

E-mail Address:

Website Address:

Business Hours:

Established Year:

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

*** Please mark here ____ if you need a paper copy mailed. ***

**Enclosed is my membership payment valid for the calendar year January to December
ASSOCIATE MEMBER AT \$90 ANNUAL**

Signature _____ Date: _____

**PayPal, Visa or Mastercard accepted. Please contact the office or use link on the website.
Mail or Fax form to: Chesaning Chamber of Commerce, PO Box 83, Chesaning, MI 48616
Phone 989-845-3055 - FAX 989-845-6006**

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