

CHESANING CHAMBER OF COMMERCE

BUSINESS 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:

*** Newsletters will be delivered electronically at email addresses listed above. ***
*** Please mark here ____ if you need a paper copy mailed. ***

Membership Level Options: ____ **GOLD MEMBER (\$35 Monthly or \$420 Annual)**

____ **SILVER MEMBER (\$25 Monthly or \$300 Annual)**

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.
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 continued support of the Chesaning Chamber of Commerce!