

CHESANING CHAMBER OF COMMERCE

INDIVIDUAL MEMBERSHIP APPLICATION

(For one person or a married couple)

Membership Name:

Mailing Address:

City, State, Zip:

Phone Number:

FAX Number:

E-mail Address:

*** 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
INDIVIDUAL MEMBER AT \$25 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!