

CHESANING CHAMBER OF COMMERCE

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. ***

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

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

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

____ **ASSOCIATE MEMBER (\$90 Annual)** Non-Profits, Government, etc

____ **INDIVIDUAL MEMBER (\$25 Annual)** For 1 person or a married couple

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!