



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 MEMBER (\$350 Annual)**

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

_____ **INDIVIDUAL MEMBER (\$25 Annual)**

Dues cycle runs from January to December. Mid-year applications are prorated to \$30/month.

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 – Email: info@chesaningchamber.org

OFFICE USE ONLY: Data base Website Socials Sign Constant Contact

Method of Payment: _____ Date Received: _____