

FRANKFORT-ELBERTA Area Chamber of Commerce

Membership Application Information

MEMBERSHIP INVESTMENT (January 1 – December 31):

- | | | | |
|--------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> \$225 | Business: | <input type="checkbox"/> \$ Half of 1 st Business | Each Additional Business |
| <input type="checkbox"/> \$205 | Business (Benzie Chamber Dual) | <input type="checkbox"/> \$75 | Associate Membership (Realtors) |
| <input type="checkbox"/> \$95 | Non-profit: | <i>Memberships are non-refundable</i> | |
| <input type="checkbox"/> \$90 | Non-profit: (Benzie Chamber Dual) | | |
| <input type="checkbox"/> \$50 | Individual (no business): | ** First Time Members receive half off first year discount! | |
- **ASK ABOUT SPONSORSHIP PACKAGE OPPORTUNITIES**

Information (For publication)

Company Name: _____ Date Est. _____
 Address: _____ City/State/Zip: _____
 Business Category/Type of Business: _____
 Billing Address (if different than above): _____
 Primary Contact & Title: _____
 Phone: _____ Fax: _____ E-mail: _____
 Website: http://_____

Short description of what business or organization provides _____

Additional Representative(s) (To receive communications)

Name & Title: _____ E-mail: _____
 Name & Title: _____ E-mail: _____
 Preferred method of communication: E-mail U.S. Mail
 Reason(s) for Joining (Check all that apply) Health Insurance Community Involvement Networking/Grow my Business Money-saving Benefits Committee Participation Other _____

IF SEASONAL BUSINESS, When do you Open _____ and Close _____
 Do you know of another company that could benefit from the Chamber? Yes No Name: _____
 I am interested in getting involved in community pride as: event volunteer office volunteer

Please fill out this form and submit it with your check or credit card information to:

Frankfort-Elberta Chamber of Commerce . PO Box 566 . Frankfort, Michigan 49635

Your Business . Your Community . Your Chamber

CREDIT CARD INFORMATION

VISA MASTER CARD

Credit Card # _____
 Sec Code # (3-digit # on back of card) _____ Exp. Date: _____
 Name on Card: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Business Phone: _____

OFFICE USE ONLY: Membership List Website Office List/Handouts Email/Distribution List Welcome Letter Newsletter
 Constant Contact Introduction Website Intro

Method Payment	Amount	Date