

# **Frankfort-Elberta Area Chamber of Commerce**

## **MEMBERSHIP APPLICATION**

### **MEMBERSHIP INVESTMENT (January 1 – December 31):**

*\*\*\*BRAND NEW/FIRST TIME MEMBERS RECIEVE HALF OFF THEIR FIRST YEAR DUES*

<input type="checkbox"/> \$225 Business	<input type="checkbox"/> \$ Half of 1 <sup>st</sup> - Additional Business or Non Profit
<input type="checkbox"/> \$95 Non-profit	<input type="checkbox"/> \$75 Associate Membership (Realtors, Attorneys)
<input type="checkbox"/> \$50 Individual (no business)	<b>**ASK ABOUT SPONSORSHIP PACKAGE OPPORTUNITIES</b>

### **MEMBER INFORMATION**

Company Name:			
Address:	City:	State:	Zip:
Business Category/Type of Business:			
Billing Address (if different than above):			
Primary Contact & Title:			
Phone:	Fax:		
Website: http://			
E-mail:			
Short description of business or organization _____ _____			
<i>Additional Representative (To receive communications)</i>			
Name:		E-mail:	
IF SEASONAL BUSINESS, When do you Open		and Close	
I am interested in getting involved in community pride as: <input type="checkbox"/> event volunteer <input type="checkbox"/> 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**

### **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    Welcome Letter    Newsletter    Constant Contact    Website Intro

Method Payment	Amount	Date
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