

ST. CLAIR CHAMBER OF COMMERCE

2017 MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORY

(Check Only One)

- Individual, sole proprietorship or independent contractor – no employees
(Annual Dues - \$100)
- Professional-attorney, CPA, engineer, etc. (Annual Dues - \$100)
- Business with 2-10 employees (Annual Dues - \$150)
- Business with 11-25 employees (Annual Dues-\$250)
- Business with 26 or more employees (Annual Dues-\$350)
- Educational institution-public and private (Annual Dues-\$85)
- Governmental unit-city, township, county, etc. (Annual Dues-\$85)
- Non-profit organizations, trade associations and churches (Annual Dues-\$85)
- Media representative – Individual (Annual Dues-\$85)

VERIFICATION OF MEMBER INFORMATION

(Please Print)

Your Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location Address (if different than mailing address): _____

City: _____ State: _____ Zip Code: _____

Business Telephone #: (_____) _____ FAX #: (_____) _____

E-Mail Address:- _____ @ _____

Website Address: _____

ANNUAL DUES PAYMENT METHOD

(Check Only One)

My check for \$_____ payable to "**St. Clair Chamber of Commerce**" is enclosed, which entitles me to a membership and all related benefits through December 31, 2017

Please charge \$_____ to my () VISA () MasterCard. The account number for this credit card

is _____ and the exp. date is _____ / _____ (CV _____.

My membership and all related benefits will be through December 31, 2017. Please mail or email this completed form to stclairchambermi@gmail.com. Or St Clair Chamber, PO Box 121, St Clair, MI 48079. Questions call 810-329-2962.

Signature: _____ Date: _____

Please return this membership application form to the **St. Clair Chamber of Commerce**