

**ST. CLAIR CHAMBER OF COMMERCE**  
**2020 MEMBERSHIP APPLICATION**

**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 #: (\_\_\_\_\_) \_\_\_\_\_ Signature: \_\_\_\_\_

E-Mail Address:- \_\_\_\_\_ @ \_\_\_\_\_

Website Address: \_\_\_\_\_

**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)

**BUSINESS TYPE**

(For listing on Website & Directory)

- |  |  |
|--|--|
| <input type="checkbox"/> Automotive                        | <input type="checkbox"/> Law                           |
| <input type="checkbox"/> Banking and Mortgage              | <input type="checkbox"/> Medical                       |
| <input type="checkbox"/> Building Services and Contracting | <input type="checkbox"/> Non-Profit                    |
| <input type="checkbox"/> Church                            | <input type="checkbox"/> Personal Services             |
| <input type="checkbox"/> Financial and Accounting          | <input type="checkbox"/> Real Estate Services          |
| <input type="checkbox"/> Government and Education          | <input type="checkbox"/> Recreation and Fitness        |
| <input type="checkbox"/> Housing                           | <input type="checkbox"/> Restaurants, Hotels, and Inns |
| <input type="checkbox"/> Industrial                        | <input type="checkbox"/> Retailer                      |
| <input type="checkbox"/> Insurance                         | <input type="checkbox"/> Services                      |

**My membership and all related benefits will be through December 31, 2020. I understand that my name, address, and contact information will be listed on the St. Clair Chamber of Commerce website, and may be provided to the public upon their request.**

**ANNUAL DUES PAYMENT METHOD**

(Check Only One)

- My check for \$\_\_\_\_\_ payable to "**St. Clair Chamber of Commerce**" is enclosed.
- Please charge \$\_\_\_\_\_ to my ( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Acct # \_\_\_\_\_ exp. date \_\_\_\_\_ / \_\_\_\_\_ (CVV) \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this membership application form to the **St. Clair Chamber of Commerce** by mail to St Clair Chamber, PO Box 121, St Clair, MI 48079, or email to [stclairchambermi@gmail.com](mailto:stclairchambermi@gmail.com). Questions call 810-329-2962.

(Referred by \_\_\_\_\_)

