

# ST. CLAIR CHAMBER OF COMMERCE

## 2021 MEMBERSHIP

### MEMBER INFORMATION

(Please Print)

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

### MEMBERSHIP CATEGORY

(Check Only One)

- Business with 26 or more employees (\$350)
- Business with 11-25 employees (\$250)
- Business with 2-10 employees (\$150)
- Independent contractor, Individual, no employees (\$100)
- Schools, Government, Churches and Non-profits (\$85)

### BUSINESS TYPE

(Check Only One)

- Automotive
- Banking and Mortgage
- Medical
- Building Services, Contracting & Landscaping
- Non-Profit
- Church
- Personal Services
- Financial, Accounting & Legal
- Real Estate Services, Housing & Rentals
- Government and Education
- Recreation and Fitness
- Restaurants, Hotels, and Inns
- Industrial & Manufacturing
- Retailer
- Insurance
- Services

My membership and all related benefits will be through December 31, 2021 I understand that my name, address, and contact information will be listed on the St. Clair Chamber of Commerce website, directory, 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.