

ST. CLAIR CHAMBER OF COMMERCE

2023 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, 2023, 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. Questions call 810-329-2962.