



ST. CLAIR
CHAMBER OF COMMERCE

2024 Membership & Sponsorship Opportunities

Membership Category/Pricing

Select One

- Business with 26 or more employees - \$375
- Business with 11 - 25 employees - \$275
- Business with 2 - 10 employees - \$175
- Independent contractor, individual, no employees - \$125
- Schools, Government, Churches, & Non-Profits - \$85

Business Type

Select One

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

Sponsorship Opportunities

Sponsorship is optional and an additional fee to your membership dues.
See next sheet for full sponsor benefit details.

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> \$5000 | <input type="checkbox"/> \$900 |
| <input type="checkbox"/> \$2500 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$1,250 | <input type="checkbox"/> \$100 |

Company Name _____ Contact Person _____

Mailing/Billing Address _____

Location Address if different from above _____

Business Phone Number: _____ Email _____

Business Website: _____

Total Amount Due:

_____ Membership Fees + _____ Sponsorship (if applicable) = \$ _____

Signature _____

Payment Method

- Enclosed Check
- Please charge my card VISA MasterCard American Express Discover
- Name on Card: _____
- CC #: _____ Exp. Date ___/___ CVV: _____

Membership good through December 31st, 2024

Please return this form and payment to the St. Clair Chamber of Commerce by mail to PO Box 121 St. Clair, MI 48079, or email stclairchambermi@gmail.com. Questions call 810-329-2962