

## **MEMBERSHIP APPLICATION FORM**

BUSINESS INFORMATION					
Business Name: Business	Phone/Extension:				
Address:	Website:				
City, State, Zip: Business Description:	Phone/Extension:				

## **REPRESENTATIVE INFORMATION**

Name:	Comr	Preferred munication by:	🗖 Email	🗖 Mail	🗖 Text
Address:	Phor	ne/Extension:			
City, State, Zip:	Emai	l:			

The Harbor Beach Chamber of commerce has permission to text me information and updates at the following phone number: \_\_\_\_\_

## **MEMBERSHIP TYPE**

Membership Type	Annual Membership	Discount	
Regular Member	\$140		
Early Payment Discounted Price	\$125	\$15 Discount for early payment	
*Pay by November 15th			
Second Business	\$75		
New Member	\$70	1/2 off regular membership your first year	
Individual Citizen	\$25		
Community Member	\$25		
Church, Civic Clubs, etc.			

## ADDITIONAL INFORMATION

- 1. How can the Chamber promote your business?
- 2. Event(s) you can support with your time or talent?

Other Comments: \_\_\_\_

**RETURN INFORMATION** 

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Harbor Beach Chamber of Commerce PO Box 113 Harbor Beach, MI 48441 (989)479-6477