MEMBERSHIP APPLICATION FORM

BUSINESS INFORMATION

Business Name: _____ Phone/Extension: _____

Business Address: _____ Website: _____

City, State, Zip: _____ Phone/Extension: _____

Business Description: _____

REPRESENTATIVE INFORMATION

Name: _____ Preferred Communication by: ❒ Email ❒ Mail ❒ Text

Address: _____ Phone/Extension: _____

City, State, Zip: _____ Email: _____

☐ 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**	**$145**	
☐ **Early Payment Discounted Price** ***Pay by November 15th**	**$130**	$15 Discount for early payment
☐ **Second Business**	**$80**	
☐ **New Member**	**$75**	
☐ **Individual Citizen**	**$30**	
☐ **Community Member** Church, Civic Clubs, etc.	**$30**	

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

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