



# Davison Area Chamber of Commerce

P.O. Box 952 Davison, MI 48423

Phone: 810-653-6266 Email: davisonchamber@gmail.com



## 2023 Membership Application

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

Please Print

Owner / Director / President / Manager

1. \_\_\_\_\_ 2. \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Do you offer a discount to other Chamber Members? ☐ Yes ☐ No ☐ TBD

What Type of discount: \_\_\_\_\_

Date Business /Organization was established: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Additional representatives to receive Chamber notifications and E-blast data and information:

1) Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Referred to join the Chamber by: \_\_\_\_\_

State the category heading you prefer to be classified in the Membership Directory and Website:

\_\_\_\_\_

## Membership Investment

☐ Civic Groups / Non-Profit / Municipality.....\$150.00

☐ Business.....\$225.00

As a Member of the Davison Area Chamber of Commerce, you are encouraged to participate in the variety of activities offered by the Chamber. Active participation increases the effectiveness of your membership and advances the goals of the Chamber. In which areas would you like to be involved?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Festival of Flags | <input type="checkbox"/> Stars & Stripes Golf Classic | <input type="checkbox"/> Alive After Five After Hours |
| <input type="checkbox"/> Ambassador         | <input type="checkbox"/> Quarter Mania     | <input type="checkbox"/> Networking Meetings          | <input type="checkbox"/> Scholarship Events           |

Please make checks payable to: **Davison Area Chamber of Commerce**  
**P.O. Box 952**  
**Davison, MI 48423**

Check # \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_

Visa or MasterCard # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ Code # \_\_\_\_\_

**NOTE:** There will be a small service fee added to all debit and credit cards transactions. This fee will help cover the cost of accepting credit cards at the Chamber. To avoid any fees for you or the Chamber we gladly accept cash or checks.

**We greatly appreciate your continued support!**