



CHAMBER MEMBERSHIP APPLICATION & DUES

Business/Civic Organization/Church Name: _____
Contact Person: _____
Address: _____
Phone: _____ Fax: _____
Website: _____
Email Addresses: (for anyone wanting to get Chamber updates & e-newsletter)
_____@_____.com _____@_____.com

Would you like to be contacted about community events? YES/ NO
Is your business shopping, dining or tourism related? YES/ NO
Would you like to have a Business Spotlight on Facebook? YES/ NO Preferred month ____
If so, who should we contact? _____ *Email* _____

Please Circle One:

Business with 25 or more employees: \$200
Business with up to 24 employees: \$100
Non-Profits or Friends of the Chamber: \$75

Amount Paid\$ _____ Check# _____ Date _____

Make Checks Payable to:

Brown City Area Chamber of Commerce

Brown City Area Chamber of Commerce P.O. Box 343 Brown City, MI 48416