



Grant Area Chamber of Commerce Membership Application

Firm or Individual

Name: _____

Principle Officer: _____ Title: _____

Street Address: _____

Mailing Address: _____ City: _____ Zip: _____

Tel (Listing On Website): _____ Fax: _____ E-Mail: _____

Internet Address (On Website): _____

Name of Designated Representative (On Website): _____

Title: _____

T-Shirt Size (Check Only One) Small Medium Large 1XL 2XL 3XL

Please donate my t-shirt to a Frontier Festival volunteer

Please mark the Category that best describes the products or services you provide for website listing:

- | | | |
|---|--|---|
| <input type="radio"/> Agriculture | <input type="radio"/> Insurance | <input type="radio"/> Real Estate |
| <input type="radio"/> Automotive | <input type="radio"/> Manufacturing/Processing | <input type="radio"/> Restaurant/Food Service |
| <input type="radio"/> Construction/Contractor | <input type="radio"/> Media/Communications | <input type="radio"/> Retail |
| <input type="radio"/> Finance/Banking | <input type="radio"/> Non-Profit Organization | <input type="radio"/> Service/Sales |
| <input type="radio"/> Lodging | <input type="radio"/> Professionals | <input type="radio"/> Utilities |

Please provide a brief description of your product line or service:

Total number of employees: _____ Full Time _____ Part Time _____

Annual Membership Investment (Pro-rated by Quarter)

October through December	\$ 120.00
Between January and March	\$ 90.00
Between April and June	\$ 60.00
Between July and September	\$ 130.00 (Includes next year!)

Number of years in Business: _____ Years at present Location: _____

What Services Are Of Primary Interest To You?

We want to know why you are joining the Grant Area Chamber of Commerce. Your answers will help us assist you with the benefits and services to which you are entitled to as a member. Please check the services that you are most interested in.

- Networking/Business Contacts
- Marketing/Business Promotions/Sponsorship Opportunities
- Membership Referrals
- Health Insurance Programs
- Support of the Grant Area Chambers Economic Efforts
- The Grant Chamber Works As The Advocate For Business On Local And State Issues
- Serving In A Leadership Role On The Chamber Board of Directors
- Serving On The Grant Frontier Festival Committee
- Other _____

Optional Referral Information

I would like to refer another business that could benefit by joining the Grant Area Chamber of Commerce

Business Name: _____

Address: _____ Contact Name: _____

Phone: _____ E-Mail: _____

Your dues investment may be tax deductible as a business expense, not as a charitable contribution.
Membership is continuous unless canceled in writing in advance of the due date.

Today's date: _____, 20____

Authorized Signature: _____

Grant Area Chamber of Commerce

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