



# CHAMBER MEMBERSHIP INVESTMENT FORM

## BUSINESS / ORGANIZATION CONTACT INFORMATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Owner/CEO: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

*(Person responsible for distribution of information about Chamber events and programs)*

Brief description of your business:

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In Business: \_\_\_\_ Years \_\_\_\_ Months    Number of employees: \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time

*If you have any questions or would like to inquire about times and dates of the Standish Area Chamber of Commerce meetings please call us at 989-846-STOP (7867)*

**THANK YOU, WE LOOK FORWARD TO WORKING WITH YOU!**

*Please complete this form and mail back the top portion with your \$125.00 payment to:*

**Standish Area Chamber of Commerce  
P.O. Box 458  
Standish, MI 48658**

**Annual  
Membership Dues  
\$125.00**

*(PLEASE RETAIN THIS PORTION AS A RECEIPT FOR YOUR RECORDS)*

**Standish Area Chamber of Commerce Membership Dues: \$125.00**

Date: \_\_\_\_\_ Check # \_\_\_\_\_