



Application for Membership

Name of Business: _____

Contact Name: _____ Position: _____

Owner/Manager (if different from above): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Would you like to receive Chamber updates via e-mail? Yes No

Website Address: _____

Business Category for Buyer's Guide: _____

Years in Business: _____ Years at current location: _____

Number of full-time employees (2 part time employees= 1 full-time employee): _____

Investment Classification*: _____ Amount Paid: _____

A membership investment in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. However, an investment in the Chamber is not a charitable tax deduction for federal income tax purposes.

Referred By: _____

In support of the Branch County Area Chamber of Commerce and its programs, the undersigned hereby subscribes to membership and agrees to pay the annual business investment. It is agreed that such investment shall continue from year to year until canceled by written notice while in good standing, and that such are payable in advance. The undersigned hereby agrees to abide by the rules and regulations of the Chamber of Commerce and, should membership be denied, agrees not to bring suit against the organization.

Application by: _____ Date: _____

***Please contact the Chamber office at 517-278-5985 should you have any questions regarding this application or Chamber membership fax 517-278-8369. Thank you for your support of Branch County's business environment!**