

MEMBER INFORMATION FOR MARINE CITY CHAMBER OF COMMERCE

Name of the Business: _____

Briefly describe the nature of the business: _____

Primary Representative: _____

Title or role of this individual in the business: _____

Business address: _____

City: _____ Michigan, 48 _____

Business Phone: _____ Fax: _____

Cell Phone: _____

Email: _____ (necessary to receive the E-newsletter)

Website: _____

Number of Employees: _____

Dues Payment Plan

Payment in full: \$ _____ enclosed

Installment plan: You may establish a schedule that best suits your needs

\$ _____ enclosed, subsequent payments will be sent: _____

Dues Levels: Please circle one

General Business:

1 – 3 employees.....\$125.00
4 – 10 employees.....180.00
11 – 50 employees210.00
51 or more employees290.00

Non-business/Second Business:

Individual.....\$60.00
Associate.....60.00
2nd Business..... 60.00
Non-profit60.00

(Part time employees count as 1/2 employee each. Dues are not a charitable deduction.)

Marine City Chamber of Commerce 226 S. Water Street Marine City, MI 48039 (810) 765- 4501

www.marinecitychamber.net marinechamber@marinecitychamber.net 04-21-09