



SAULT AREA CHAMBER OF COMMERCE BUSINESS MEMBERSHIP APPLICATION

Contact Information:

BUSINESS NAME _____

ADDRESS _____

_____ ZIP _____

PHONE NO. _____ FAX NO. _____ TOLL FREE NO. _____

E-MAIL _____ WEB SITE _____

CONTACT PERSON _____ TITLE _____

OWNER (List only if different from above) _____

About Your Business:

So that we may better meet your needs, please take a few moments to tell us more about your business.

What year did your business open? _____

Please give a brief description of your business. (This information will be used to announce your membership in the Chamber newsletter and in determining your category listings in the membership directory and on our website.)

What interested you in the Chamber of Commerce? Are there specific programs / services you are seeking? _____

Who should we contact regarding advertising opportunities? _____

Who should we contact about upcoming educational seminars & workshops? _____

(please see back of form)

Membership Investment:

Your membership investment is calculated based upon the number of people you employ. Please use the simple formula below to calculate your dues.

ANNUAL BASE DUES (includes 5 full-time employees)	\$	195.00
	+	
ADDITIONAL FULL-TIME EMPLOYEES _____ X \$6.00 each (3 part-time employees equal 1 full-time)	\$	_____
TOTAL ANNUAL MEMBERSHIP INVESTMENT	\$	_____

I will pay my dues: Annually _____, Semiannually _____, Quarterly _____ (check one)
(After your initial payment, future dues payments will be invoiced via U.S. Mail.)

If you would like to use a credit card to pay your annual dues, please provide the following information:

(Circle one) VISA or MASTERCARD Card Number _____
Expiration Date _____ Name on Card _____
Address _____
City _____ State _____ Zip _____
Cardholder Signature _____

By submitting this application for membership and initial payment, I agree to pay subsequent membership dues in a timely manner and keep the Chamber informed of any changes in my business that might impact the Chamber's ability to promote my business. Should I ever decide to cancel my membership, I agree to do so by written resignation.

Signature: _____ Date: _____

Chamber Representative: _____ Date: _____

**Thank you for joining the Sault Area Chamber of Commerce.
We look forward to working with you!**

FOR OFFICE USE ONLY

Date Received: _____

Payment Type: _____ Cash _____ Credit Card _____ Check (Check # _____)

Received By: _____