



Membership Application

Business Name: _____

Physical Address: _____

Mailing Address: Same _____

Phone: _____ Email: _____

Website: _____

Business Description: _____

of Full-time Employees: _____ # of Part-time Employees: _____

Primary Contact: _____

Primary Contact Email: _____ Primary Contact Phone: _____

Additional Emails: _____

Billing Contact: Same _____

Billing Contact Phone: Same _____ Billing Contact Email: Same _____

Membership Type

- Admin Fee: \$25
- Full Member: \$280
- Dual Member (with Petoskey Chamber): \$150
- Affiliate Member: \$175 (subsidiary of a Full Member)

\$25 admin fee + _____ Member = \$ _____

Check (please include check with application) Credit Card

Credit Card Number: _____ Exp date: _____

Name of Cardholder: _____ CVV: _____