



SAULT AREA CHAMBER OF COMMERCE
 2581 I-75 Business Spur, Sault Ste. Marie, MI 49783
 (906) 632-3301 Fax (906) 632-2331
 office@saultstemarie.org
MEMBERSHIP APPLICATION

BUSINESS NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

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

E-MAIL _____ WEB SITE _____

OWNER/CONTACT _____ TITLE _____

| Chamber Membership Investment | | | |
|--|---------------------|---------------------------|-----------------------|
| Introductory Membership (Never before Chamber Members, 1st year only): | | | Total \$125.00 |
| Most Businesses: | | | |
| | (1-50) Employees | \$235.00 base | Total \$235.00 |
| | (51-100) Employees | \$235.00 base + \$500.00 | Total \$735.00 |
| | (101-150) Employees | \$235.00 base + \$900.00 | Total \$1135.00 |
| | (151-200) Employees | \$235.00 base + \$1300.00 | Total \$1535.00 |
| Lodging and Campgrounds - Annual Base (Base dues includes 5 rooms/campsites) | | | |
| + Additional rooms/campsites _____ @ \$4.00 each | | | \$ _____ |
| Financial Institutions - Annual Base + Millions of dollars of Deposits _____ @ \$10.00 each | | | \$ _____ |
| Second Business Base Dues | | | \$125.00 |
| Non-Profit Members Base Dues | | | \$100.00 |
| Friend of the Chamber Base Dues | | | \$50.00 |
| Total Annual Membership Investment | | | \$ _____ |
| Please Invoice my Dues: Annually _____, Semiannually _____, Quarterly _____. (please check one) | | | |
| Membership Investment cap is \$1.800 | | | |

If you are paying with a credit card, please provide the following information. Or call the Chamber at (906) 632-3301.

VISA or MASTERCARD Card Number _____ CSV# _____

Expiration Date _____ Cardholder _____

Address _____ City _____ State _____ Zip _____

By submitting this membership application, I agree to pay subsequent membership fees when due and to inform the Chamber of any changes to my business that might affect my membership. Should I ever decide to cancel my membership, I will notify the Chamber immediately.

Signature: _____ Date: _____

Thank you for making a commitment to the Sault Area Chamber of Commerce.
 We appreciate your support and look forward to working with you on Chamber projects and events.

(Please see reverse side)

Please give a brief description of your business, products and services.

(This information will be used to make referrals to your business, and to help in properly listing your business in the Chamber's membership directory and on our website.) Thank you.

Chamber use only:

Date Rec: _____ Amt: \$_____ Ck#: _____ CC: _____ Receipt#: _____ Initials: _____