



230 W. Maumee St. Adrian, MI 49221
 PHONE: (517) 265-2320
 FAX: (517) 265-2432
 email: office@adrianareachamber.com

Membership Application

The Adrian Area Chamber of Commerce membership dues are based on the number of employees in a business. One year's pre-paid membership is due when joining the Chamber. You may also commit to monthly auto EFT payments for a minimum period of 12 months.

Please Note: Membership is automatically renewed unless the Chamber office is notified in writing.

Company Name: _____ Phone: _____

Company Website: _____ Company Email: _____

Physical Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip _____

Main Contact Person: _____ Position: _____

Main Contact Email: _____ Phone: _____

Secondary or Billing Contact Person: _____ Position: _____

Secondary or Billing Contact Email: _____ Phone: _____

Total number of employees at this location (count all employees, full time and part time (2 p.t. = 1 f.t.) _____

Your business is the Chamber member; therefore, each of your employees is eligible to participate in events, serve on committees, receive communications, etc. Employees may enter their email information directly through the website to receive communication updates.

Authorized Signature _____ Date _____

Membership Investment

Number of employees	Annual Dues (via Credit Card)	Monthly Option (via EFT <u>only</u>)
1-9	\$252	\$21.00
10-25	\$352	\$30.00
26-40	\$402	\$33.50
41-60	\$472	\$39.25
61-80	\$542	\$45.00
81-115	\$592	\$49.60
116-250	\$750	\$62.50
251-500	\$850	\$70.75

Charitable, Non-Profit Organizations \$212
 Individual "Friend of the Chamber" not employed \$152



230 W. Maumee St. Adrian, MI 49221
PHONE: (517) 265-2320
FAX: (517) 265-2432
email: office@adrianareachamber.com

Membership Application

The Adrian Area Chamber of Commerce membership dues are based on the number of employees in a business. One year's pre-paid membership is due when joining the Chamber. You may also commit to monthly auto EFT payments for a minimum period of 12 months.

Credit Card Payment Authorization – Annual Payments ONLY

Company Name: _____ Phone: _____

Billing Contact Person: _____ Email: _____

Select one: MasterCard Visa Discover American Express

Card Number: _____ Exp. Date: _____ Security # _____

Billing Address: _____ City, State, Zip _____

Authorized Signature _____ Amount _____

Credit Card Payments will be set up on an annual renewal basis. Date _____

OR

Pre-Authorized Electronic Transfer Agreement – Monthly Payments ONLY

I (we) hereby authorize the Adrian Area Chamber of Commerce to initiate debit entries to my (our) Bank Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit it to such account. (All fields are mandatory for completion)

Depository Name: _____ City, State, Zip _____

Transit/ABA No.: _____ Account No.: _____

Indicate Account Type: Checking Savings

Printed Name _____ Amount _____

Signed _____ Date _____

This authority is to remain in full force and effect until Adrian Area Chamber of Commerce has received written notification from me (or either of us) by the 8th day of a given month to allow the Adrian Area Chamber of Commerce a reasonable opportunity to act on it, terminating my (our) membership payments.

Please include a voided check.