

Membership Registration

Mission: To Promote, Increase and Ehance
the members of the Adrian Chamber.
(Get Your Slice of the PIE)

Adrian Area Chamber of Commerce, 137 N. Main Adrian, MI 49221
PHONE: (517) 265-2320 FAX: (517) 265-2432

e: office@adrianareachamber.com

The Adrian Area Chamber of Commerce's membership dues are based on how many employees you employ. One year's pre-paid membership is due when joining the Chamber. You may also commit to paying monthly for a minimum period of 12 months. **Please note: Chamber membership investment is tax deductible as a business expense. Please Note: Membership is automatically renewed unless the chamber is notified in writing otherwise.**

Company Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: __ Zip: _____

Physical Address: _____

Contact Person: _____ Title: _____ Fax: _____

Email Address: _____ Web-site: _____

Total number of employees at this location: _____ (count all employees, full time and part time. 2pt = 1ft)

Signature: _____ Date: _____

Your business is the chamber member, therefore, each of your employees is eligible to participate in chamber events and to receive information and serve on committees & task forces.

Please list employees to receive e-mail and printed information

Name _____

E-mail _____

Name _____

E-mail _____

Name _____

E-mail _____

You may use an additional sheet or send us addresses by e-mail or fax

List up to three categories in which business will be shown.

- 1) _____ Primary
- 2) _____ Secondary #1
- 3) _____ Secondary \$2

Membership Annual Investment

Please note: Chamber membership investment is tax deductible as a business expense.

of employees

1-9	\$252
10-25	\$352
26-40	\$402
41-60	\$472
61-80	\$542
81-115	\$592
116-250	\$750
251-500	\$850

Individual memberships for those who wish to participate but who are either retired or not employed by a member firm \$152

Charitable Non-Profits \$212

How did you hear about the Chamber?

Chamber member's Name or Business _____

Other: _____

Payment Options

Phone: 517-265-2320 Fax: 517-265-2432 e: office@adrianareachamber.com
Mail: 137 N. Main St Adrian, MI 49221 on- line payments: adrianareachamber.com/join-now

COMPANY NAME _____ CONTACT NAME _____

Phone: _____
Email _____

CREDIT CARDS

*Circle one: MasterCard Visa Discover Card American Express

*# _____

*EXPIRATION DATE _____ *SECURITY # ON BACK OF CARD _____

*BILLING ADDRESS _____ *ZIP CODE _____

*SIGNATURE _____ AMOUNT _____

*indicates mandatory fields ***Please circle one:** monthly (minimum 12 payments) annually

OR AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ELECTRONIC TRANSFER

I (we) hereby authorize the Adrian Area Chamber of Commerce to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit it to such account. * indicates mandatory fields

*Depository Name _____

*City _____ State _____ Zip _____

*Transit/ABA No _____

*Account No. _____ Amount _____

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 so as to afford Adrian Area Chamber of Commerce a reasonable opportunity to act on it, terminating my (our) membership payments.

Please include a voided check.

NAME (S) _____ DATE _____

SIGNED _____

MONTHLY PAYMENT PLAN

\$252 = \$21.00/ month

\$352 = \$30.00/ month

\$402 = \$33.50/month

\$472 = \$39.25/ month

\$542 = \$45.00/month

\$592 = \$49.60 month

\$750 = \$62.50/month

\$850 = 70.75/month