



# SAULT AREA CHAMBER OF COMMERCE

2581 I-75 Business Spur, Sault Ste. Marie, MI 49783  
(906) 632-3301 Fax (906) 632-2331  
info@saultstemarie.org

## MEMBERSHIP APPLICATION

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ TOLL FREE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

OWNER/CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

<b>Chamber Membership Investment:</b>			
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
<b>Total Annual Membership Investment</b>			<b>\$ _____</b>
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.

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Chamber use only:

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