

2010 MEMBERSHIP APPLICATION

OUR MISSION STATEMENT

“The Fenton Regional Chamber of Commerce exists to be a strong advocate for member businesses through services and resources, while fostering the economic vitality and prosperity of our region.”

Fenton Regional Chamber of Commerce

114 North Leroy Street • Fenton, MI 48430 • (810) 629-5447 • Fax (810) 629-6608 • www.fentonchamber.com

Date: _____

Business/Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Business E-Mail: _____ Website: _____

Billing E-mail: _____

Number of Employees: Full Time: _____ Part Time: _____

Date Business/Organization was established: Month: _____ Year: _____

Category you would like Business/Organization listed in Member Directory: _____

Referred to join Chamber by: _____

MEMBERSHIP INVESTMENT

(check which one applies)

<u>Number of Employees</u>	<u>Annual Dues</u>		
Home Based Business (owners only)	\$244	{	}
1 - 9 employees	\$280	{	}
10 - 25 employees	\$399	{	}
26 - 60 employees	\$430	{	}
61 - 100 employees	\$502	{	}
100 - 199 employees	\$700	{	}
200 - 299 employees	\$750	{	}
300+	\$800	{	}
Associate	\$ 61	{	}
Civic/Courtesy	\$ 59	{	}
Junior Member	\$ 52	{	}
One time Membership Application Fee	\$ 30	{ X }	

- Membership Dues are based on number of full time employees. (2 part time employees count as 1 full time.)
- Dues must be paid in full at time of application.
- Subsequent renewals are billed at the beginning of the year.
- Membership dues may be tax deductible as a business expense.
- Rates are subject to change.

Grand Total _____

Applicant Signature: _____

Visa/Master Card #: _____ Exp. Date: _____ security code: _____

Check Amount Enclosed: \$ _____ or Cash Amount Paid: \$ _____

For OFFICE RECORD ONLY

preauthorized payment plan: #1 _____ #2 _____ #3 _____ Entered in Database: _____ Website Posted: _____



Fenton Regional
Chamber of Commerce

Where Community & Commerce Connect

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

We (business name), _____ hereby authorize **Fenton Regional Chamber Of Commerce**, to initiate debit entries to the account checked below and the depository named below.

Checking

Savings account

DEPOSITORY NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until the manager has received written notification **THREE WEEKS** prior to payment regarding termination of services. Such time and manner allows the manager a reasonable opportunity to act on it.

PRINT NAME(S): _____

SIGNED: _____

DATE: _____

Amount to be withdrawn each month _____

Number of withdrawals _____ Total _____

Authorized Signature _____ Date: _____
(Shelly Day Fenton Regional Chamber of Commerce President)

* Please attach a voided check to this authorization.

For office record only

Dues _____ Amount to withdraw _____
Event _____ Amount to withdraw _____
preauthorized payment plan withdraw: #1 _____ #2 _____ #3 _____

