

2019 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

104 S. Adelaide 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: _____

Cell: _____ (4 texts per month to receive reminders for Networking events and more)

Business E-Mail: _____ Website: _____

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: _____

2019 MEMBERSHIP INVESTMENT

(check which one applies)

<u>Number of Employees</u>	<u>Annual Dues</u>		
Entrepreneur (not available for businesses w/more than 10 employees)	\$356	{	}
Premium (not available for businesses w/more than 50 employees)	\$520	{	}
Executive (not available for businesses w/more than 100 employees)	\$678	{	}
Corporate	\$894	{	}
Civic & Community Service Organizations (must be approved by Executive Director)	\$123	{	}

This includes a one time Membership Application Fee of \$30

Grand Total _____

The dues are set up by tiers. To find the base for your dues, first start by finding the tier with the number of employees you have in your employment (part time count as 1/2), then if you would like additional benefits (see Tier description page) you can buy up as many tiers that will benefit your business. You are in control of the benefits your company will receive.

- 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. We offer a payment plan, contact Chamber for details.
- Membership dues may be tax deductible as a business expense. • Rates are subject to change.

Applicant Signature: _____

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

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



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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

CARD ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

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: _____

Dates of withdrawals: #1 _____ #2 _____ #3 _____

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