**Interlochen Area Chamber of Commerce**

2017-2018 Membership Application

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Benefit** | **Business** | **Non-Profit** | **Individual** |
| Area Guide Listing (\*\*see below) | • | • |  |
| Quarterly Newsletter | • | • | • |
| Brochure Display | • | • |  |
| Voting Privileges | • | • |  |
| Calendar of Events | • | • |  |
| Email Communications | • | • | • |
| Sponsorship Opportunities | • | • |  |
| Additional Listings $25 | • | • |  |
| Newsletter Advertising | • | • |  |
| Business After Hours | • | • | • |
| Membership List Access | • | • |  |
| Area Guide Ads | • | • |  |
| Web Page Listing, Web Link | • | • |  |
| Ribbon Cutting Ceremony | • | • |  |
| Member Spotlight on Website | • | • |  |
| Involvement in Your Community | • | • | • |
| Member Referrals | • | • |  |
| Special Events Invitations | • | • | • |
| \*\* Distribution: 10,000+ Copies; Michigan Welcome Centers, TC Visitor Center, Locally |

Please complete and send to: DUES:
INTERLOCHEN AREA CHAMBER OF COMMERCE $320 2-Yr. Business
P.O. Box 13, Interlochen, MI 49643 $180 1-Yr. Business
info@interlochenchamber.org $100/Yr. Non-Profit
Dues are tax deductible as a business expense as the Chamber is a non-profit organization. $50/Yr. Individual

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give a brief description of your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_