

2018 MANCELONA REGIONAL CHAMBER OF COMMERCE MEMBER PROFILE

BUSINESS NAME:

_____ Month/ Year Established _____

OWNER/MANAGER/CONTACT NAME:

PHYSICAL ADDRESS:

*This address **is published** on the Chamber website:*

MAILING ADDRESS:

*This address **is not published** unless it is the same as your physical address.*

PHONE NUMBERS:

(Phone 1) _____ (Phone 2) _____ (Fax) _____

WEBSITE & EMAIL ADDRESS:

Website: _____ Email: _____

Please provide your email address so we may send you the monthly E-Newsletter. We no longer send them by mail.

NATURE OF BUSINESS & PRODUCTS/SERVICES:

Business Type: (Specify retail, skilled trade type, accommodation, etc) _____

Describe products and services you offer in the space below:

DUES PAYABLE

(January 1 through December 31) _____ \$75

Option: To have your business card on home page of Chamber website, please add \$15 and pay \$90

IMPORTANT: RETURN THIS COMPLETED FORM with your dues. This form will be kept in our permanent membership file.

THE FIELDS BELOW ARE FOR CHAMBER USE ONLY:

Dues: \$ _____ Biz Card: \$ _____ Expires _____

Check # _____ Date: _____

DB _____ SOBI _____ EM _____ BIZ _____

RETURN COMPLETED FORM AND DUES TO:
Mancelona Chamber of Commerce, PO Box 558, Mancelona, MI 49659 Phone: 231-587-5500