

MANCELONA REGIONALCHAMBER OF COMMERCE

Business Profile Form | PO Box 558 | Mancelona MI 49659 231) 587 5500 info@mancelonachamber.org

BUSINESS INFURIMA	IION:		
Business Name:			Established:
Attn. [Your Name]			
PHYSICAL ADDRESS This address is published	: I on the Chamber website.	:	
MAILING ADDRESS: This address is not publi	shed unless it is the same	as your physical address.	
PHONE NUMBERS:			
WEBSITE & EMAIL A	DDRESS:		
	ail addrass so we may se	Email: nd you our monthly E-Newslo	ottor
, ,	SS & PRODUCTS/SER	,	etter.
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DUES PAYABLE (January 1 through Do	ecember 31)		\$100
Option: To have your business card on home page of Chamber website, <i>please add</i> (renew by November 30, and the business card on website is free!)			
<mark>IMPORTANT</mark> : RETURN	THIS ENTIRE COMPLETED I	FORM with your dues to addres	ss above. It will be kept in THE REFERRAL FII
		BELOW THIS I	 INE IS FOR <mark>CHAMBER USE ON</mark>
Dues: \$	Biz Card: \$	Check #	Date:
DR SORI	FM	CC BIZ	EYDIDEÇ.