

MANCELONA REGIONALCHAMBER OF COMMERCE

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

BUSINESS INFORMATION:			
Business Name: Year Established			
Attn. [Owner/Manager Name]			
PHYSICAL ADDRESS: This address is published on the Chamber webs	site:		
MAILING ADDRESS: This address is not published unless it is the sar	me as your physical addres	5S.	
PHONE NUMBERS - PLEASE INCLUDE A	REA CODE:		
MAIN: MOE	BILE:	PRIVATE:	
WEBSITE & EMAIL ADDRESS:			
Website:	Emai	l:	
NATURE OF BUSINESS & PRODUCTS/SE	ERVICES:		
Business Type:			
DUES PAYABLE: (All memberships	run January 1 throu	gh December 31)	\$100
Option : For your business card to ro	otate on Chamber w	ebsite, add \$15 and pa	y \$115
I WILL PAY BY CREDIT CARD (PI	lease go to MancelonaC	Chamber.org → Members -	→ Join Chamber
for the link to pay your dues by credi	it card. Email us an upd	ated profile form if there a	re any changes.)
I WILL SEND A CHECK BY MAIL.	. Complete this form an	nd return with payment to F	P.O. address above.
BELOW THIS LINE IS FOR CHAMB	ER USE ONLY		
Dues: \$ Biz Card: \$	Method #	Date:	
DBSOBIEM	CC I	BIZ EXPIRES:	