



MEMBERSHIP APPLICATION
Williamston Area Chamber of Commerce



A **BUSINESS NAME:** _____
OWNER / CONTACT: _____
PHONE #: _____
E-MAIL: _____
SOCIAL MEDIA/WEBSITE: _____
LOCATION ADDRESS: _____
MAILING ADDRESS (if different): _____
CATEGORY: _____

B **BUSINESS INFORMATION:** _____

C **MEMBER LEVEL:** Our membership year runs from January – December. See discounts offered in box:
 (2 part-time employees equal 1 full-time employee)

Please Circle One:

- \$ 55.00 Retired or Non-Business Individual
- \$ 85.00 Non-Profit Clubs, Service Organizations
- \$115.00 Home-Based Business
- \$200.00 1-4 Full-Time Employees
- \$255.00 5-14 Full-Time Employees
- \$285.00 Schools
- \$315.00 15-49 Full-Time Employees
- \$365.00 50-99 Full-Time Employees
- \$400.00 Banks-Financial Institutions-Government
- \$420.00 100+ Full-Time Employees
- \$575.00 Public Utilities

\$100.00 Additional Businesses by Same Owner (after paying full member dues for largest business)

Membership Discounts:

1. Pay your membership for 3 years, and you can deduct 15% from your total payment.
2. Pay your membership for 5 years, and you can deduct 25% from your total payment.

Membership dues may be tax deductible as an ordinary and necessary business expense. The Chamber is a non-profit organization.

D **PAYMENT METHOD:** Cash, check, Visa, Master Card, Discover, and all debit cards. Your payment can be spread over three months, contact the Chamber office to set this up. **Checks** should be made payable to the **Williamston Area Chamber of Commerce**.

Credit / Debit Card

Name on Card: _____
 Card #: _____ Type of Card _____
 Expiration Date: _____ V Code: _____ (3-digit # on the back of card)

“In Business for YOUR Business” ~ Thank you for your support!
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