

## Alpena Area Chamber of Commerce

235 West Chisholm Alpena, MI 49707  
Phone: 989.354.4181 Fax: 989.356.3999  
www.alpenachamber.com



## MEMBERSHIP APPLICATION

### Company Information

Business Name (as it is to appear in Membership Listing): \_\_\_\_\_

Main Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Main Contact Email: \_\_\_\_\_

Full Time Employees: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_ (A PT Employee = 1/2 full time)

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Website: \_\_\_\_\_

Category of Business (please see alpenachamber.com for complete listing): \_\_\_\_\_

### Membership Information

If you would like to add other contact information to your membership listing, please list them below.

Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_

\*If the contact information is different than the information in the first section, please let us know.

If you would like your company to appear in additional directory categories, please supply them below. Please add \$15 to your dues for each additional category. For the full list of categories please visit the membership listing at alpenachamber.com.

Category: \_\_\_\_\_

Category: \_\_\_\_\_

### Calculate Your Membership Investment

1-3 Employees \$200 \_\_\_\_\_

4-10 Employees \$275 \_\_\_\_\_

11-25 Employees \$330 \_\_\_\_\_

26-40 Employees \$400 \_\_\_\_\_

41-60 Employees \$475 \_\_\_\_\_

61-100 \$560 \_\_\_\_\_

Over 100 Employees - Call for quote

Additional business with same owner as another Chamber Business \$150 \_\_\_\_\_

Home-Based Business (please call for more information) \$75 plus \$10 per employee over one \_\_\_\_\_

Non-Profit Organization (annual revenue of up to \$100,000) \$100 \_\_\_\_\_

Non-Profit Organization (annual revenue of over \$100,000) see general membership

Associate Membership (Individual) \$50 \_\_\_\_\_

Please add a one time application fee of \$15 \_\_\_\_\_ 15.00

Please add extra category listing fee as indicated above (\$15 each/yearly) \_\_\_\_\_

TOTAL Membership Investment \_\_\_\_\_

**Office Use Only** Date Received: \_\_\_\_\_ Payment Method (circle one): Check Cash Invoice