

Member Application



**AREA CHAMBER
OF COMMERCE**

Date _____

* Information will be used for our Website, Directory, Newsletter and other printed products:

Business Name* _____

Business Name DBA _____

Main Representative * _____

Business Address * _____

Are you required to be licensed? _____ If so, what is your license #? _____

City * _____ State _____ Zip: _____

Phone * _____ Fax _____

Email * _____ Website * _____

Your Business Description *: _____

Member to Member Discount your company will offer Swartz Creek Area Chamber members *:

Membership Levels

Business Membership _____

Second Membership _____

New Members... Whom may we thank for sending you our way? _____

Name & Company

We accept this invitation to join the Swartz Creek Area Chamber of Commerce, the association of business and professional firms and individuals, working together as a community development organization. We believe the above information to be correct, and we may change this information as needed, by writing to info@swartzcreekchamber.org

Authorized

Signature _____ Title _____ Date _____