



BATTLE CREEK AREA
CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

The Mission of the Battle Creek Area Chamber of Commerce:

The Battle Creek Area Chamber of Commerce will provide the best in member services and aggressive business advocacy to create a climate for employer growth and a prosperous community for all.

NOTE: THIS INFORMATION WILL APPEAR IN THE BATTLE CREEK AREA CHAMBER OF COMMERCE ONLINE DIRECTORY (SEE BELOW).

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

CO Email: _____ Web Address: _____

Type of Business: _____

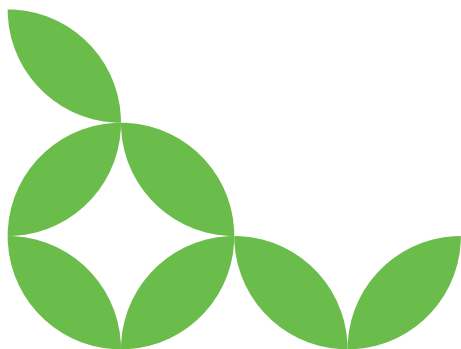
Main Rep: _____ Title: _____

Email: _____ Phone: _____ Ext: _____

Publish for Online Directory (circle one): Y N

Signature of Applicant: _____ Date: _____

SEE OTHER SIDE



One Riverwalk Centre
34 W. Jackson St., Suite 3A
Battle Creek, MI 49017
P 269.962.4076 | F 269.962.6309
battlecreek.org



MEMBERSHIP APPLICATION CONT.

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Addl Rep: _____ Title: _____ Email: _____

Addl Rep: _____ Title: _____ Email: _____

Addl Rep: _____ Title: _____ Email: _____

Addl Rep: _____ Title: _____ Email: _____

Billing Address (if different from listed):

City: _____ State: _____ Zip Code: _____

Payment Info

The Battle Creek Area Chamber of Commerce provides member services, business representation and advocacy to produce a positive economic environment. The hereby subscribes to membership in support of the Chamber, and agrees to pay the annual business investment in the total amount of \$ _____, which is based on the current number of employees. This amount is subject to change depending on the status of employees within your company.

Amount Paid: _____ Method (circle one): Invoice Check Credit Card

For Credit Card Payment:

Name as it appears on the Credit Card: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card #: _____ Exp Date: _____

Signature of Applicant: _____ Date: _____

For Chamber Use Only

Staff Member: _____ Approved By: _____ Date: _____

