

# 2017 MEMBERSHIP APPLICATION

## OUR MISSION STATEMENT

“The Fenton Regional Chamber of Commerce exists to be a strong advocate for member businesses through services and resources, while fostering the economic vitality and prosperity of our region.”

## Fenton Regional Chamber of Commerce

104 South Adelaide Street • Fenton, MI 48430 • (810) 629-5447 • Fax (810) 629-6608 • www.fentonchamber.com

Date: \_\_\_\_\_ Business/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Cell: \_\_\_\_\_ (4 texts per month to receive reminders for Networking events and more)

Business E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Date Business/Organization was established: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Category you would like Business/Organization listed in Member Directory: \_\_\_\_\_

Referred to join Chamber by: \_\_\_\_\_

## 2017 MEMBERSHIP INVESTMENT

<u>Number of Employees</u>	<u>Annual Dues (Jan- Dec)</u>	<u>(check which one applies)</u>
Entrepreneur (not available for businesses w/more than 10 employees)	\$347	{ }
Premium (not available for businesses w/more than 50 employees)	\$515	{ }
Executive (not available for businesses w/more than 100 employees)	\$660	{ }
Corporate	\$870	{ }
Charitable & Community Service Organizations, Media, and Associate (must be approved by Executive Director)	\$120	{ }

This includes a one time Membership Application Fee

Grand Total \_\_\_\_\_

The dues are set up by tiers. To find the base for your dues, first start by finding the tier with the number of employees you have in your employment (part time count as 1/2), then if you would like additional benefits (see Tier description page) you can buy up as many tiers that will benefit your business. You are in control of the benefits your company will receive.

- Membership Dues are based on number of full time employees. (2 part time employees count as 1 full time.)
- Dues must be paid in full at time of application. We offer a payment plan, contact Chamber for details.
- Subsequent renewals are billed at the beginning of the year. • Membership dues may be tax deductible as a business expense.
- Rates are subject to change.

Applicant Signature: \_\_\_\_\_

Visa/Master Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ security code: \_\_\_\_\_

Check Amount Enclosed: \$ \_\_\_\_\_ or Cash Amount Paid: \$ \_\_\_\_\_

For OFFICE RECORD ONLY

preauthorized payment plan: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Tweet/Linked-in \_\_\_\_\_ Facebook \_\_\_\_\_ Thank you \_\_\_\_\_



# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

We (business name), \_\_\_\_\_ hereby authorize **Fenton Regional Chamber Of Commerce**, to initiate debit entries to the account checked below and the depository named below.

Checking

Savings account

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until the manager has received written notification **THREE WEEKS** prior to payment regarding termination of services. Such time and manner allows the manager a reasonable opportunity to act on it.

PRINT NAME(S): \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Amount to be withdrawn each month \_\_\_\_\_

Number of withdrawals \_\_\_\_\_ Total \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Shelly Day Fenton Regional Chamber of Commerce President)

\* Please attach a voided check to this authorization.

For office record only

Dues \_\_\_\_\_ Amount to withdraw \_\_\_\_\_  
Event \_\_\_\_\_ Amount to withdraw \_\_\_\_\_  
preauthorized payment plan withdraw: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

