



Curtis Area Chamber of Commerce Membership Application Form

Business / Organization Information

Business / Organization Name: _____

Primary Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

Email: _____ Website: _____

Business Category / Industry: _____

Year Established: _____

Business Description

Please provide a brief description of your business for directory and promotional use:

Seasonal Business Information

Seasonal Business: Yes No

Season of Operation: _____

Number of Cabins or Units: _____

Pet Friendly: Yes No

WiFi Available: Yes No

Membership Information

Membership Year: September 1st to August 31st

Small Business (1–3 employees) — \$150

Medium Business (4–9 employees) — \$200

Large Business (10+ employees) — \$275

Annual Membership Dues: \$ _____

Chamber Directory & Promotion

Please indicate how you would like your business promoted:

- Chamber Website Business Directory
- Social Media Promotion
- Event Sponsorship Opportunities
- Networking & Business Referrals
- Newsletter Features

Representative(s) to Receive Chamber Communications

Name: _____ Email: _____
Name: _____ Email: _____

Agreement

By submitting this application, I/we agree to support the mission, goals, and bylaws of the Curtis Area Chamber of Commerce.

Signature: _____ Date: _____

Return Application To

Curtis Area Chamber of Commerce
PO Box 477
Curtis, MI 49820
Phone: 906-586-3700
Email: Curtisofc@sbcglobal.net