



Membership Application

Company Information

Name (as it will appear in directory) _____

Main Contact & Title _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Website _____

Billing Address (if different than above) _____

If you would like additional names to appear in your company's Business Directory listing, please supply names, titles and e-mail addresses on a separate sheet of paper.

Reason(s) for Joining (Please rank 1, 2, 3...):

- Health Insurance Community Involvement Networking/Grow my business Money-saving benefits
- Committee Participation Programs/Events/Seminars Legislative and Regulatory Advocacy Diversity Programs

Primary Marketing Area: Local West Michigan State National International

Business Ownership (check any that apply): Racial or Ethnic Minority-owned Woman-owned Family-owned

Principal Product(s) or Service(s) _____

Number of Full-time Employees _____ Part-time Employees _____

Membership Authorization and Communications Consent

Membership dues in the Grand Rapids Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes. As a result of changes made by the 1993 tax act, 2 percent of membership dues are no longer deductible for federal income tax purposes because they are allocated to lobbying activities.

I understand that by providing a mailing address, e-mail addresses, telephone number and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Grand Rapids Area Chamber of Commerce via regular mail, e-mail, telephone or fax. I understand that if any of the above information changes, it may be necessary for me to sign a new consent agreement.

Signature _____

Date _____

Please indicate preferred methods of Communication:

- Mail Phone Fax Email

Payment Information

Annual Dues _____

+ Enrollment Fee - \$25 + Other _____

Total Due _____

Payment Type: Cash Check

VISA MC Discover AMEX

Card Number _____

Expiration Date _____

Signature _____

Please return the top copy of this application with your payment.

For Office Use Only	Date _____
Membership Rep. _____	
Firm ID _____	
Buyers Guide Code _____	
Buyers Guide _____	
Membership Level _____	

Connect. Grow. Succeed!