



Member-In-Transition Membership Application

Personal Information

Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Website _____

Billing Address (if different than above) _____

Please initial on the lines below to indicate that you understand and accept the conditions of this membership.

_____ The Grand Rapids Area Chamber of Commerce is a business organization that will provide networking opportunities.

_____ Distribution of resumes or other forms of job-seeking materials is not allowed at Chamber events.

_____ I understand that the cost for a six-month Member-In-Transition (MIT) membership is \$100.

_____ My membership is not transferable to another individual.

_____ When I become employed, my membership is not transferable to the company that hires me; however, my membership benefits will continue until my six-month term has expired.

_____ Refunds will not be given.

_____ I have read the list of Frequently Asked Questions and understand the conditions of the membership.

_____ Once my membership payment has been accepted, I will be considered a member and will begin receiving emails and other tools to get me started.

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 method(s) of communication:

- Mail Phone Fax Email

Payment Information

One six-month MIT Membership is \$100.

Payment Type: Cash Check

VISA MC Discover AMEX

Card Number _____

Expiration Date _____

Signature _____

Please return this application with your payment. Fax to 616.771.0318 or mail to Grand Rapids Area Chamber of Commerce, 111 Pearl St. NW, Grand Rapids, MI 49503.

For Office Use Only Date _____

Membership Rep. _____

Individual ID _____

Membership Level: MIT

