

Membership Application



77 E. Michigan Avenue
 Battle Creek, MI 49017
 Phone: 269.962.4076
 Fax: 269.962.6309

- Company
- Associate
- Affiliate
- Indiv./Retiree

PLEASE PRINT

Company:		
Address:		
City:	State:	Zip:
Phone:	Ext:	
Fax:		
Join Date:	# FT Employees:	# PT Employees:
Web Address:	Co. Email:	
Classification(s):		
Main Representative:	Email:	
Add'l Representative:	Email:	
Billing Address (if different from local):		
Address:		
City:	State:	Zip:

Please Check All That Apply

- Reason(s) for joining:** Community Involvement Committee Participation Networking Grow my Business
- Legislative & Regulatory/Advocacy Insurance Programs Programs and Seminars Money-saving benefits

I am interested in more information about the following Member Benefits:

- Workers Compensation Insurance Health Insurance Commercial Insurance

I am interested in serving on the following Committee(s):

- Ambassador Eye Opener Golf Outing
- Member Services Military Affairs Public Policy Silent Observer

The Battle Creek Area Chamber of Commerce provides member services, business representation and advocacy to produce a positive Economic environment. The undersigned, hereby subscribes to membership in support of the Chamber, and agrees to pay the annual Business investment in the total amount of \$ _____. It is agreed that such investment shall continue from year-to-year until cancelled by written notice while in good standing and is payable in advance as checked below.

Annual Semi-Annual Amount Paid: \$ _____ (Cash/Check/MC/Visa/American Express)

Quarterly Monthly Acct #: _____ Exp. _____ 3 Digit Card Code _____

/ /

 Signature of Applicant

 Signature of Enroller

 Date