

Membership Application 2026

☐ New Member ☐ Renewal

Referred by: _____

BUSINESS/INDIVIDUAL INFORMATION:

Business / Organization / Individual Name: _____

Date/years in business _____ Number of Employees: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION:

Main Contact (used Primary contact for Membership): _____

Main Contact Email: _____

Main Contact Phone: _____

Mailing address(if different from physical): _____

City: _____ State: _____ Zip Code: _____

WEBSITE LISTING INFORMATION:

Website Contact (if different than main contact): _____

Website Contact Email: _____

Website Contact Phone Number: ____-____-____ € Do not list physical address on website.

Company Description: _____

Company Website (URL): _____

Additional Social Media presence: € Instagram € Facebook € Twitter € LinkedIn € YouTube

BUSINESS CATEGORY (SELECT 1):

- | | | |
|---|--|------------------------------------|
| € Agricultural | € Finance | € Personal Services. And Care |
| € Architecture and Engineering | € Government | € Pets and Veterinary |
| € Arts, and Culture | € Healthcare | € Real Estate, Moving, and Storage |
| € Automotive and Marine | € Home and Garden | € Recycling or Waste Services |
| € Business and Professional Services | € Housing | € Religion Organizations |
| € Cleaning and Maintenance | € Rentals | € Restaurants, Food & Beverages |
| € Computers and Telecommunication | € Insurance | € Retail |
| € Contractors and Home Improvement | € Legal | € Technology and Software |
| € Consulting | € Manufacturing, Production, and Wholesale | € Transportation |
| € Education | € Marketing, Media, and Advertising | € Travel and Lodging |
| € Employment | € Meetings, Events, Venues | € Utilities and Environment |
| € Entertainment, sports, and recreation | € Non-Profit s& Community Services | |

Howard City Area Chamber of Commerce

P.O. Box 558
 PO Box 558/120 Hemlock St.
 Howard City, MI 49329
 P: 231-307-0473 / F: 231-937-7246

Membership Application**MEMBERSHIP LEVEL:**

_____ Individual / Non - Profit 100.00

Business Membership levels

_____ Ruby 200.00

_____ Sapphire 350.00

_____ Diamond 500.00

_____ I would like to offer a Member-to-Member discount of:

Misc. Fees

_____ 4% credit card processing fee \$ _____

_____ -\$25.00 new member referral fee (new member referred: _____)

Total amount due: _____

PAYMENT INFORMATION:

Payment Type: € Check # _____ € Credit Card € CASH € INVOICE

Credit Card Number: _____ Exp: _____ CVC _____

Name on Card: _____

Billing Address: _____

By Signing this application, I agree to pay the amount specified above as a member of the Howard City Area Chamber of Commerce. This agreement is valid for the year 2023.

Signature: _____

Date: _____

Application Approved By: _____

Date: _____